

***United States Court of Appeals
for the Second Circuit***



**APPELLANT'S
APPENDIX**

76-6163

UNITED STATES COURT OF APPEALS
FOR THE SECOND CIRCUIT

-----x

SANTIAGO, GREGORY R.

Plaintiff,

-against-

SECRETARY OF THE DEPARTMENT OF
HEALTH, EDUCATION AND WELFARE OF
THE UNITED STATES,

Defendant.

-----x

APPENDIX

JOHN C. GRAY, JR.
GRETCHEN L. SPRAGUE, Of Counsel
Brooklyn Legal Services Corp. B
152 Court Street
Brooklyn, New York 11201
(212) 855-8003

Attorney for Appellant

PAGINATION AS IN ORIGINAL COPY

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF NEW YORK

GREGORY R. SANTIAGO,

Plaintiff

vs.

CIVIL ACTION NO. 75C 2129

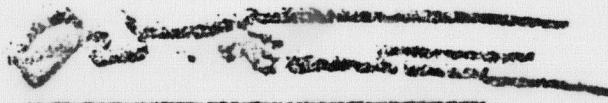
DAVID MATHES,
SECRETARY OF HEALTH,
EDUCATION, AND WELFARE,

Defendant

C E R T I F I C A T I O N

I, P. W. Fensterer, Deputy Assistant Bureau Director, Division of Appeals Operations, Bureau of Hearings and Appeals, Social Security Administration, Department of Health, Education, and Welfare, under authority conferred upon me by the Secretary, hereby certify that the documents annexed hereto constitute a full and accurate transcript of the entire record of proceedings relating to the application of Gregory Roman Santiago to establish a period of disability, and his claim for disability insurance benefits under title II of the Social Security Act, as amended, such transcript including application for a period of disability and disability insurance benefits, testimony and other evidence upon which the decision of the administrative law judge of the Bureau of Hearings and Appeals, Social Security Administration, was based.

Date: March 2, 1976


P. W. Fensterer

BEST COPY AVAILABLE

Gregory Roman Santiago, Claimant and Wage Earner

Account Number 581-40-6255

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Gregory Roman-Santiago
(Claimant)

581-40-6255 -
(Social Security Number)

1

(Wage Earner) (Leave blank if same as above)

EXHIBITS

<u>EXHIBIT NO.</u>	<u>DESCRIPTION</u>	<u>NO. OF PAGES</u>	<u>COURT TRANSCRIPT PAGE NO.</u>
1	Application for Disability Insurance Benefits filed on 1/10/73	4	68-71
2	Copy of Initial Determination, dated 2/27/73	2X	72-73
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4	Statement of Good Cause and Letter of Acceptance	2	75-76
5	Reconsideration Determination, dated 7/12/74	1	77
6	Applications for Social Security Account Numbers 581-40-6255 and 091-32-2341 filed on various dates from 11/13/52 to 6/20/57	4X	78-83
7	Earnings Certification, certified on 1/26/73 and reports of Contact dated 2/6/73 and 1/31/73	3	84-86
8	Medical History and Disability Reports dated 1/10/73 and 11/13/73	16	87-102
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11	Workmen's Compensation Claim 213828-16A	7	108-114
12	Report of Paul Post, M.D. dated 1/19/73	1	115
13	Report of Raymond B. Goldstein, M.D. dated 11/16/73 with Letter from Raymond B. Goldstein, M.D., dated 11/22/74	2	116-117
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15	Professional Qualifications, Paul Post, M.D.	1	120
16	Professional Qualifications, Raymond B. Goldstein, M.D.	1	121
17	Professional Qualifications, Irwin J. Nelson, M.D.	1	122

Gregory Roman-Santiago581-40-62552

(Claimant)

(Social Security Number)

(Wage Earner) (Leave blank if same as above)

EXHIBITS

<u>EXHIBIT</u> <u>NO.</u>	<u>DESCRIPTION</u>	<u>NO. OF</u> <u>PAGES</u>	<u>COURT</u> <u>TRANSCRIPT</u> <u>PAGE NO.</u>
18	Photocopy of Report from Kings County Hospital, from 9/18/73 to 12/9/74	4	123-126
19	Letter to Arthur I. Bierman, Vocational Expert, dated 3/1/75	1	127-128
20	Resume of Experience and Background of Arthur I. Bierman, Vocational Expert	5	129-133



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

SOCIAL SECURITY ADMINISTRATION
P.O. BOX 2518, WASHINGTON, D.C. 20013

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REFER TO: IHA-2
581-40-6255

OCT 23 1975

BUREAU OF
HEARINGS AND APPEALS

ACTION OF APPEALS COUNCIL ON REQUEST FOR REVIEW

Mr. Gregory R. Santiago
266 50th Street
Brooklyn, New York 11220

Dear Mr. Santiago:

Your request for review of the decision in your case has been carefully considered by the Appeals Council. The Council considered all the evidence in your case, the applicable law and regulations, the reasoning and the evaluation of the facts in the decision, and your reasons for believing that your claim should be allowed.

The Appeals Council has decided that the decision is correct. Further action by the Council would not, therefore, result in any change which would benefit you. Accordingly, the hearing decision stands as the final decision of the Secretary in your case.

If you desire a court review of the hearing decision, you may commence a civil action, within sixty (60) days from the date of this letter, in the district court of the United States in the judicial district in which you reside. See section 205(g) of the Social Security Act, as amended (42 U.S.C. 405(g)), and section 422.210 of Social Security Administration Regulations No. 22(20 CFR 422.210).

If such action is commenced, the Secretary of Health, Education, and Welfare is the proper defendant. Also, please include your social security number in the Bill of Complaint.

Sincerely yours,

Kenneth E. Stewart
Member, Appeals Council



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF HEARINGS AND APPEALS

REQUEST FOR REVIEW OF HEARING DECISION/ORDER

Take or mail original and all copies to your local social security office.

CLAIMANT Gregory Roman Santiago	CLAIM FOR <input checked="" type="checkbox"/> Entitlement to Disability Benefits <input type="checkbox"/> Continuance of Disability Benefits <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Continuance of Supplemental Security Income
WAGE EARNER (Leave blank if same as above)	
SOCIAL SECURITY NUMBER 581 41 6255	
SPOUSE'S NAME AND SOCIAL SECURITY NUMBER (Complete ONLY in Supplemental Security Income Case)	

I disagree with the action taken on the above claim and request review of such action by the Appeals Council, of the Bureau of Hearings and Appeals. My reasons for disagreement are:

I have arthritis and cannot work

Attach to this form, or forward within 10 days to the Appeals Council at the address checked below, any evidence you wish to submit.

Signed by: (Either the claimant or representative should sign - Enter addresses for both)	
SIGNATURE OR NAME OF CLAIMANT'S REPRESENTATIVE <input type="checkbox"/> ATTORNEY <input type="checkbox"/> NON-ATTORNEY	CLAIMANT'S SIGNATURE X Gregory R Santiago
STREET ADDRESS	STREET ADDRESS 266 50th St.
CITY, STATE, AND ZIP CODE	CITY, STATE, AND ZIP CODE Bikini 104 11220
TELEPHONE NUMBER	DATE 09/09/75
	TELEPHONE NUMBER none

Claimant should not fill in below this line

TO BE COMPLETED BY SOCIAL SECURITY ADMINISTRATION

Is this request filed timely? ☐ Yes ☐ No

If "No" is checked: (1) attach claimant's explanation for delay; (2) attach any pertinent letter, material or information in Social Security Office.

ACKNOWLEDGMENT OF REQUEST FOR REVIEW OF HEARING DECISION/ORDER

Request for Review of Hearing Decision/Order in this case was filed on **07/09/75** at **1 Willoughby**
The APPEALS COUNCIL will notify you of its action on your request.

X
Appeals Council
Bureau of Hearings and Appeals, SSA
Box 2518
Washington, D.C. 20013

☐
Appeals Council
Bureau of Hearings and Appeals, SSA

For the Social Security Administration		
BY	(Signature) D. Allen	
(Title)	CRT	
(Street Address)	1 Willoughby St	
(City)	(State)	(ZIP Code)
Bikini	NY	11220

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF HEARINGS AND APPEALS

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To: • Mr. Gregory Roman-Santiago
266 50th Street
Brooklyn, N.Y. 11220

NOTICE OF DECISION

PLEASE READ CAREFULLY

If you disagree, in whole or in part, with the enclosed decision you may request the Appeals Council to review it. However, your request for review must be filed within 60 days following the date shown below.

You, or your representative, may file the request for review at the nearest office of the Social Security Administration, or you may file the request for review with the hearing office or the Appeals Council.

Unless you file a timely request for review by the Appeals Council, you may not obtain a court review of your case under sections 205(g) and 1869(b) of the Social Security Act.

This notice and enclosed copy of hearing

decision mailed
May 14, 1975

cc:

Name and Address of Representative:

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DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF HEARINGS AND APPEALS

6

HEARING DECISION

In the case of

Gregory Roman-Santiago

(Claimant)

(Wage Earner)(Leave blank if same as above)

Claim for

Period of Disability and
Disability Insurance Benefits

581-40-6255

(Social Security Number)

This case is before the administrative law judge on a request for hearing filed by the claimant. The hearing was held on May 12, 1975. Testifying under oath at the hearing were claimant, Mr. Arthur I. Bierman, a vocational expert, and a Spanish-English translator.

ISSUES

The general issues before the administrative law judge are whether the claimant is entitled to a period of disability and to disability insurance benefits under Sections 216(i) and 223, respectively of the Social Security Act, as amended. The specific issues are whether the claimant was under a "disability", as defined in the Act and, if so, when such "disability" commenced and the duration thereof; and whether the special earnings requirements of the Act are met for the purpose of entitlement.

LAW AND REGULATIONS

Section 216(i) of the Social Security Act provides for the establishment of a period of disability, and Section 223 of the Act provides for the payment of disability insurance benefits where the requirements specified therein are met.

Section 223 (d) (1) of the Social Security Act defines disability (except for certain cases of blindness) as the "inability to engage in substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months."

Section 223(d)(2)(A) further provides that "an individual (except a widow, surviving divorced wife, or widower for purposes of section 202(e) or (f)) shall be determined to be under a disability only if his physical or mental impairment or impairments are of such severity that he is not only unable to do his previous work but cannot, considering his age, education, and work experience, engage in any kind of substantial gainful work which exists in the national economy, regardless of whether such work exists in the immediate area in which he lives, or whether a specific job vacancy exists for him, or whether he would be hired if he applied for work. For purposes of the preceding sentence (with respect to any individual), 'work which exists in the national economy' means work which exists in significant numbers either in the region where such individual lives or in several regions of the country."

Section 223(d)(3) further states "For purposes of this subsection, a 'physical or mental impairment' is an impairment that results from anatomical, physiological, or psychological abnormalities which are demonstrable by medically acceptable clinical and laboratory diagnostic techniques."

Section 404.1524(c) of Regulation No. 4 states, in part, that the "evidence shall also describe the individual's capacity to perform significant functions such as the capacity to sit, stand, or move about, travel, handle objects, hear or speak, and, in cases of mental impairment, the ability to reason or to make occupational, personal, or social adjustments."

EVIDENCE CONSIDERED

The administrative law judge has carefully considered all the testimony at the hearing, the arguments made, and the exhibits described in the List of Exhibits attached to this decision.

SUMMARY AND EVALUATION OF THE EVIDENCE

Claimant, born March 12, 1933, with 15 years experience as a cutter in the ladies' garment industry, married, having a 6th grade education, in his application for disability insurance benefits filed January 10, 1973, alleges onset of disability on March 10, 1971 at age 38 when he fell on his back. Thereafter he alleges experiencing pains in his back, shoulders and lower extremities. He also alleges that he suffers from high blood pressure. The record shows that claimant also fell on his back in 1965 for which he received a Workmen's Compensation award. His last day of work was March 10, 1971.

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Claimant testified at the hearing that he is presently able to sit for an hour, stand for an hour, walk 2-3 blocks with intermittent resting after walking a block, climb a flight of stairs carrying about five pounds, but is unable to lift any heavy weights or bend his trunk from a standing position.

Claimant testified that since 1971, he has made one attempt to return to his work as a cutter but because of the pain involved in continuous walking and bending at and around the cutting table was unable to continue. Claimant testified that he also sought a job as a telephone answerer but was unsuccessful because he was unable to tell the prospective employer that his back pain would permit him to attend the job regularly, especially in the presence of bad weather.

The medical evidence includes the report of the New York Workmen's Compensation Board, wherein claimant's treating physicians were Paul Post, M.D., a Board-certified orthopedic surgeon and Charles Simon, M.D.. In a November 20, 1972 examination by Dr. Simon, claimant alleged pain in the midback and legs. Tenderness was found in the mid-dorsal area with spasm of the paravertebral muscles on the right. Movements of the head and neck were not restricted but trunk movements were restricted. Claimant could bend and reach his fingers to the knees but straight leg raising was restricted on both sides. A hypalgesia of the lower left leg was found on the lateral side with a $\frac{1}{2}$ inch atrophy in the left calf. There was also a very mild defect of the lateral motion in the left foot and Dr. Simon concluded that claimant had a partial disability (Exhibit 11, pgs. 4-5).

Dr. Post, in a report dated January 19, 1973, stated that he had treated claimant in the period April 15, 1971 through January 19, 1973; that claimant complained of pain in the lower back and showed motion restricted in all directions. Dr. Post found no atrophy and treated claimant with physiotherapy, muscle relaxants and analgesics. Dr. Post stated that claimant could do light work not involving bending or lifting (Exhibit 12).

Claimant's chiropractor, Dr. Raymond D. Goldstein, Brooklyn, New York, stated that he found tenderness in the throacolumbar area with muscle spasm; a restriction on straight leg raising on the left with a 3/4 inch atrophy in the left calf. Dr. Goldstein stated that in view of the length of time since the original March 11, 1971 injury, claimant's disability was permanent and was marked (Exhibit 13, pg. 2).

On March 2, 1974, claimant was examined by Irwin J. Nelson, M.D., on a consultative basis. Dr. Nelson is a Board-certified orthopedic surgeon (Exhibit 17). Dr. Nelson stated in a report dated May 13, 1974 (Exhibit 14) that at the time of the examination claimant complained of pain radiating into the lower left extremity and of pain in the upper right extremity. Dr. Nelson stated that claimant told him that he could sit for an hour, stand for an hour, walk for four blocks, 1/ and could not lift more than 35 pounds. The claimant told Dr. Nelson that he could use public transportation.

The physical examination showed claimant able to forward flex to 75 degrees with voluntary guarding. He was also able to perform left and right lateral bend to 25 degrees. There was restriction and voluntary guarding on hyperextension. Straight leg raising was possible to 80 degrees bilaterally. Deep tendon reflexes, knee jerks and ankle jerks were present and equal bilaterally. The left quad was measured at 18 inches, the right quad 18 1/4 inches; the left gastroc was measured at 13 3/4 inches and the right 14 1/2 inches. There was no weakness in dorsiflexion or the extensor hallucis longus. There was no sensory or circulatory impairment and there was a full range of motion in the hips. There was a slight restriction of rotation of the cervical spine but there was a full range of motion in the shoulders, elbows and hands. Deep tendon reflexes in the biceps and triceps were present and equal bilaterally. There was no intrinsic wasting of the hand muscles and no sensory or circulatory impairment.

1/ At the hearing, claimant admitted telling Dr. Nelson that he could walk four blocks, but testified that he also told Dr. Nelson that if he walked four blocks, he would have to remain in bed the next day. This further statement, claimant noted, was not in Dr. Nelson's report.

X-ray of the lumbosacral spine was negative for fracture or dislocation. Early osteoarthritis was noted but the disc spaces and pedicles were intact. It was Dr. Nelson's conclusion that despite the severity of the claimant's complaints there were no objective findings. There was voluntary guarding and restriction on the back examination but without neurological findings. It was Dr. Nelson's opinion that the claimant could sit, stand, stoop and lift up to 35 pounds within normal limits for his age. Dr. Nelson stated that claimant should avoid lifting over 50 pounds or do excessive bending. He found no impairment of the upper extremities and claimant had both fine and gross manipulation of the hands (Exhibit 14).

The evidence also contains the result of claimant's sole visit to the Kings County Hospital outpatient clinic on October 23, 1973. There, claimant complained of back pain because of the 1971 injury. X-rays of the lumbosacral spine showed mild anterior spurring at L3-L4. Chest x-rays, EKG and blood examination were all within normal limits. Claimant's blood pressure was 150/105. Physical examination of the neck, chest, heart, abdomen and extremities were all negative. The impression was hypertension with arthritis of the lumbosacral spine. Claimant was given a prescription for Diuril, reserpine and tylenol. He was advised to return to the clinic in six weeks. Claimant testified at the hearing that he did not return to the clinic nor did he thereafter have any other treatment because he either did not have the money for a physician or did not have the carfare to return to the clinic.

The medical evidence herein does not show the existence of such impairments as to give rise to severe and unremitting pain in the back and in the extremities. Rather, claimant's own treating physician, Dr. Post indicates that claimant is capable of doing light work but should avoid repeated lifting and bending. The results of a consultative examination in May, 1974, indicated the existence of a residual functional capacity perhaps even more sanguine than that concluded by Dr. Post. For Dr. Nelson, the consultative examiner, indicated voluntary guarding with the only restriction being that of claimant not lifting above 35 pounds and excessive bending or squatting.

Lastly, claimant's own estimation of his residual functional capacity indicates an ability to walk around, climb stairs, lift 5-10 pounds and sit and stand each for about an hour.

TESTIMONY OF ARTHUR I. BIERMAN, VOCATIONAL EXPERT:

11

Mr. Bierman testified that based on the residual functional capacity as testified to by the claimant, without regard to the estimates of Drs. Post and Nelson, there were several light and sedentary jobs which claimant could perform, although claimant could not return to his old job as a cutter. Mr. Bierman defined light and sedentary as jobs which do not require frequent bending or lifting and which could be performed in a sitting or alternating sitting and standing position and did not require lifting of more than 5 to 10 pounds. Mr. Bierman stated that the job of hand packer, assembler, or inspector in the electronics, electrical, cosmetics, pharmaceutical and jewelry industries each existed in at least 10,000 such jobs in the five boroughs of New York and the surrounding five counties in New Jersey, Westchester and Long Island. In addition, there were 10,000 jobs as machine operator which jobs were performed in a sitting position and required no bending or lifting. Mr. Bierman described them as operating the bistering machine or edge sealers. Mr. Bierman testified that claimant's own description of his residual functional capacity would permit him to perform each of these jobs.

Although claimant no longer has the residual functional capacity to perform the work of a cutter, yet, considering his age, education and prior work experience, I find no difficulty in accepting that claimant's admitted residual functional capacity would permit him to perform the jobs described by Mr. Bierman each of which I find to exist in significant numbers in or near the place where claimant resides, Brooklyn, New York, because they each exist in numbers in excess of 10,000. He can walk several blocks, lift 5 pounds at least, climb a flight of stairs and sit and stand for at least an hour. He admittedly uses public transportation.

FINDINGS

After careful consideration of the entire record, the Administrative Law Judge makes the following findings:

1. The claimant met the special earnings requirements for disability purposes on March 10, 1971, the date he stated he became unable to work; and he will continue to meet them at least through September 30, 1975.
2. Claimant testified that he was born on March 12, 1933, has completed 6 years of schooling, and has worked for more than 15 years as a cutter in the ladies' garment industries in New York City.

3. The evidence shows that the claimant has a significant back impairment with mild arthritis. Claimant also has high blood pressure which is not being currently treated but which indicates no damage to claimant's organs or body system.

4. Claimant's arthritis condition in the back causes soreness in the back and lower extremities when he attempts to lift heavy objects or stand for long periods of time.

5. The claimant is not able to do heavy manual labor or work which requires frequent bending, lifting, stooping, or standing and he is not able to perform his old job as cutter in the ladies' garment industry, but he is able to otherwise function in a normal manner, both mentally and physically.

6. Considering the claimant's physical and mental ability, his age, education, and work history, he would be able to do jobs such as hand packer, bench assembler, inspector and machine operator in the electronics, electrical, cosmetic, toy, pharmaceutical and optical industries; and these jobs are present in significant numbers in the region where claimant lives, Brooklyn, New York, and in several regions of the country.

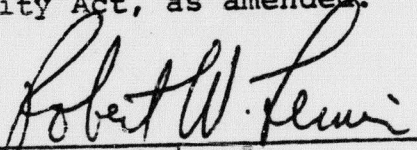
7. The claimant was not prevented from engaging in substantial gainful activity, on or before the date of this decision, for any continuous period which has lasted or could be expected to last for at least 12 months.

8. The claimant was not under a "disability" as defined in the Social Security Act, as amended, at any time on or before the date of this decision.

DECISION

It is the decision of the Administrative Law Judge that based on the application filed on January 10, 1973, the claimant is not entitled to a period of disability or to disability insurance benefits under sections 216(i) and 223, respectively, of the Social Security Act, as amended.

DATE: May 14, 1975


Robert W. Leiner
Administrative Law Judge

REQUEST FOR HEARING

13

Take or mail original and all copies to your local Social Security office.

CLAIMANT'S NAME <u>Gregory Roman - Santiago</u>	CLAIM FOR <input checked="" type="checkbox"/> Entitlement to Disability Benefits <u>DIB</u> DWB CDB
WAGE EARNER'S NAME (Leave blank if same as above)	<input type="checkbox"/> Continuance of Disability Benefits DIB DWB CDB
SOCIAL SECURITY NUMBER <u>581-40-6255</u>	<input type="checkbox"/> Other _____ (Specify type of claim)

I disagree with the determination made on the above claim and request a hearing before a hearing examiner of the Bureau of Hearings and Appeals. My reasons for disagreement are:

I have arthritis, my body gets swollen

Check one of the following:

- ☐ I have additional evidence to submit.
(Attach such evidence to this form or forward to the Social Security Office within 10 days.)
- ☒ I have no additional evidence to submit.

Check ONLY ONE of the statements below.

- ☒ I wish to appear in person before the hearing examiner.
- ☐ I waive my right to appear and give evidence, and hereby request a decision on the evidence before the hearing examiner.

Signed by: (Either the claimant or representative should sign. Enter addresses for both. If claimant's representative is not an attorney, complete Form SSA-1696.)

SIGNATURE OR NAME OF CLAIMANT'S REPRESENTATIVE <input type="checkbox"/> ATTORNEY <input checked="" type="checkbox"/> NON-ATTORNEY	CLAIMANT'S SIGNATURE <u>Gregory R. Santiago</u>
ADDRESS	ADDRESS <u>266 50th St.</u>
CITY, STATE, AND ZIP CODE <u>Brooklyn NY 11220</u>	CITY, STATE, AND ZIP CODE <u>Brooklyn NY 11220</u>
TELEPHONE NUMBER <u>1</u>	DATE: <u>7/19/74</u> TELEPHONE NUMBER

Is this request filed within 6 months of the reconsideration determination? ☒ Yes ☐ No
If "No" is checked: (1) attach claimant's explanation for delay, (2) attach any pertinent letter, material, or information in the Social Security Office.

ACKNOWLEDGMENT OF REQUEST FOR HEARING

Your request for a hearing was filed on 7/19/74 at Boro Hall
The hearing examiner will notify you of the time and place of the hearing at least 10 days prior to the date which will be set for the hearing.

Hearing Examiner Copy	TO: <u>175 Remsen St</u> <input checked="" type="checkbox"/> Hearing Examiner (Location) <u>Brooklyn</u>	For the Social Security Administration
Claim File Copy	TO: <u>BRT</u> <input checked="" type="checkbox"/> Hearing Examiner (Claims involving disability, retirement, survivors, all foreign claims and questions of entitlement to health insurance) Claim File(s) Requested by Teletype to <u>BRT</u> (Location)	By: <u>Eugene Carmichael</u> (Signature) <u>CRT</u> (Title) <u>1 W. Laughey St.</u> (Street Address) <u>Brooklyn NY 11201</u> (City) (State) (ZIP Code)
	<input type="checkbox"/> ACB (BDP) Interpreter Needed _____ (Language)	Servicing District Office Code <u>126</u>

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF HEARINGS AND APPEALS

14

TRANSCRIPT

In the case of

Claim for

Gregory Roman-Santiago
(Claimant)

Period of Disability and
Disability Insurance Benefits

(Wage Earner) (Leave blank if same as above.)

581-40-6255
(Social Security Number)

Hearing Held

at

Brooklyn, New York

on

March 26, 1975 and May 12, 1975

APPEARANCES:

Mr. Gregory Roman-Santiago, Claimant
Mr. Arthur I. Bierman, Vocational Expert
Miss Rosa Maldonado, Spanish Interpreter

Robert W. Leiner
Hearing Examiner

Sally Friedman
Hearing Assistant

INDEX OF TRANSCRIPT

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In the case of:

Account Number:

Gregory Roman-Santiago, Claimant

and Wage Earner

581-40-6255

Testimony of Mr. SantiagoCommencing p. 18

Testimony of Mr. Bierman,
Vocational ExpertCommencing p. 29

1 (This is a hearing in the case of Gregory Roman-¹⁶
Santiago, Claimant for Period of Disability and Disability
2 Insurance Benefits. Social Security account number
581-40-6255. Hearing held in Brooklyn, New York on
3 March 26, 1975 before Administrative Law Judge Robert W.
Leiner. Hearing Assistant Sally Friedman.)

4
5 (The hearing commenced at 9:12 a.m., on March 26,
1975.)

6 OPENING STATEMENT BY ADMINISTRATIVE LAW JUDGE:

7 ADMINISTRATIVE LAW JUDGE: It being about 12 minutes
8 after nine on Wednesday, March 26, 1975, we are ready to
9 proceed with the hearing on the application filed by the
10 Claimant, Gregory Roman-Santiago, to establish a Period
11 of Disability and for Disability Insurance benefits based
12 on his own earnings record. The account number being
13 581-40-6255.

14 Mr. Roman-Santiago is present in the hearing room
15 which is Room 1201 of 175 Rarson Street. Brooklyn, New
16 York, which is the Bureau of Hearings and Appeals.

17 Also, present in the hearing room besides my
18 Hearing Assistant is the Vocational Expert called by me,
19 Arthur I. Bierman-- called by me as a witness, on notice--
20 I might add-- on prior notice to Mr. Roman-Santiago.

21 Mr. Santiago, the notice of hearing that brought
22 you here today, the piece of paper, has on its reverse side
23 a notice to you which says that you have the right, if you
24 wish, to be represented here by an attorney. Did you know
25 that?

1 CLAIMANT: Yeah, but they told me since I don't got
2 no money-- they put me (UNINTELLIGIBLE) over here.----- 17

3 ADMINISTRATIVE LAW JUDGE: You don't have-- I didn't
4 say you have to have an attorney. I said did you know that
5 you could have had?

6 CLAIMANT: I know.

7 ADMINISTRATIVE LAW JUDGE: Yeah. Now, did you know
8 also that there are agencies in this city that have, some-
9 times at least, provide free legal service? Did you know
10 that? Like the Legal Aid Society, and the South Brooklyn
11 Legal Services Corporation. Did you know that?

12 CLAIMANT: No. I know (UNINTELLIGIBLE). I don't know.

13 ADMINISTRATIVE LAW JUDGE: Well, as a matter of
14 fact, this is not a criminal case. This is not even ad
15 adversary proceeding. I'm not against you. There's no
16 order here against you.

17 All I'm here to do is find out the facts. But
18 that's beside the point. The point is you have a right,
19 if you wish, to be represented by a lawyer. You're under
20 no obligation now. You don't have to have a lawyer, but
21 if you want to, you can.

22 And I want to give you notice that if you want a
23 lawyer, I will stop this hearing. And put it over 'til
24 May, June, or whatever it is in time for you to get a
25 lawyer. Do you want to do that?

1 CLAIMANT: Yeah. Get a lawyer.

2 ADMINISTRATIVE LAW JUDGE: You don't want to proceed
3 today?

4 CLAIMANT: No, I want to get a lawyer.

5 ADMINISTRATIVE LAW JUDGE: You think so?

6 CLAIMANT: Yes.

7 ADMINISTRATIVE LAW JUDGE: All right. We will then
8 adjourn this hearing, and you can get a lawyer.

9 CLAIMANT: Yes.

10 ADMINISTRATIVE LAW JUDGE: You prefer to have it
11 that way?

12 CLAIMANT: Yeah. I would prefer it that way.

13 ADMINISTRATIVE LAW JUDGE: So, today is March 26.
14 Okay?

15 CLAIMANT: Yeah.

16 ADMINISTRATIVE LAW JUDGE: I will give you until--
17 let's see, there's Wednesday. April 2 is Wednesday. I
18 will give you until April 9 to notify me with regard to
19 getting a lawyer. You say you got a lawyer. As a matter
20 of fact, the lawyer will write to me saying that he has
21 been retained by you; or you will tell me that you couldn't
22 get a lawyer, and you need more time time; or you don't want
23 a lawyer; whatever it is.

24 CLAIMANT: Yeah, try to do that. Get a lawyer.

25 ADMINISTRATIVE LAW JUDGE: Okay?

1 CLAIMANT: Yeah. (UNINTELLIGIBLE). 19

2 ADMINISTRATIVE LAW JUDGE: I don't know. I'm giving
3 you until April 9 which is two weeks from today to get a
4 lawyer. If you can't get a lawyer, you'll tell me. You've
5 got to write to me.

6 CLAIMANT: I'll get a lawyer 'cause I can't read no
7 English. It's more better for him to read English than me.

8 ADMINISTRATIVE LAW JUDGE: I think it's better for
9 you to have a lawyer, too.

10 CLAIMANT: Yeah.

11 ADMINISTRATIVE LAW JUDGE: You know, this way there's
12 no problems. You don't understand English that well maybe.
13 You can't read the medical documents.

14 CLAIMANT: Yeah.

15 ADMINISTRATIVE LAW JUDGE: Get a lawyer. It's easier.
16 Better for me, better for you.

17 CLAIMANT: Okay.

18 ADMINISTRATIVE LAW JUDGE: Okay. Let the record show
19 that it is now 9:17 a.m., and we are going to adjourn this
20 case until such time as Claimant has equipped himself with
21 Counsel.

22 But in any case, again, you must get a lawyer by
23 April 9 and tell me that you are ready to proceed with the
24 hearing, right?

25 CLAIMANT: Yeah.

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1 ADMINISTRATIVE LAW JUDGE: Or else tell me that you
2 can't get a lawyer, and we'll take it from there.

3 CLAIMANT: I'll get a lawyer.

4 ADMINISTRATIVE LAW JUDGE: Get a lawyer. All right.
5 We'll adjourn the hearing until we hear from you not later
6 than April 9, 1975.

7 CLAIMANT: Okay.

8 ADMINISTRATIVE LAW JUDGE: And then we will determine
9 a new hearing date sometime in May or June.

10 CLAIMANT: Okay.

11 ADMINISTRATIVE LAW JUDGE: Okay. The hearing is
12 now adjourned.

13 (The hearing was adjourned at 9:17 a.m., March 26,
14 1975, and reconvened at 1:45 p.m., May 12, 1975, at the
15 same place and with all the same parties present.)

16 ADMINISTRATIVE LAW JUDGE: Today being May 12, 1975,
17 we are ready to proceed with the hearing on the application
18 filed by the Claimant Gregory Roman-Santiago, is that your
19 name?

20 CLAIMANT: Yeah.

21 ADMINISTRATIVE LAW JUDGE: To establish a Period of
22 Disability and for Disability Insurance Benefits based on
23 his own earnings record. The account number is 581-40-6255.
24 The hearing is in Room 1201 at 175 Remson Street, Brooklyn,
25 New York. This is the Bureau of Hearings and Appeals, and

1 it is approximately 1:45 p.m.

21

2 Now, Mr. Santiago, this hearing was originally scheduled
3 for March 26, 1975 at 9:30 a.m., at which time you appeared,
4 is that right?

5 CLAIMANT: Yeah.

6 ADMINISTRATIVE LAW JUDGE: And I put the case over
7 because you said you wanted an attorney, is that right?

8 CLAIMANT: Right.

9 ADMINISTRATIVE LAW JUDGE: Did you look for an
10 attorney?

11 CLAIMANT: I looked, and I don't find it. They
12 say come in next day, and the next time when I went there,
13 they told me they don't-- they don't got (UNINTELLIGIBLE).
14 They didn't have any available.

15 ADMINISTRATIVE LAW JUDGE. All right. I think the
16 first thing we ought to do is put the Claimant on his
17 oath.

18 There's only a few formalities we have here is that
19 you have to swear. Would you stand up and raise your right
20 hand, please?

21 The Claimant, GREGORY ROMAN-SANTIAGO, having been
22 first duly sworn, testified, as follows:

23 (At this point, Rosa Maldonado was duly sworn to
24 act as Spanish interpreter.)

25 ADMINISTRATIVE LAW JUDGE: Now, we have a problem

1 here. Mr. Santiago, immediately before the opening of... 22

2 this hearing you said you wanted an interpreter, is that
3 right?

4 CLAIMANT: Now, today I said it. Not before.

5 ADMINISTRATIVE LAW JUDGE: Is this the first time
6 you wanted an interpreter?

7 CLAIMANT: Yes.

8 ADMINISTRATIVE LAW JUDGE: So, we got you Miss
9 Maldonado as an interpreter, right?

10 CLAIMANT: Yeah.

11 ADMINISTRATIVE LAW JUDGE: You speak good enough
12 English, it seems to me. Do you want to go in Spanish
13 or English?

14 CLAIMANT: Well, I know some words I understand--

15 ADMINISTRATIVE LAW JUDGE: Okay. Let's go in
16 English. And what you don't understand, in Spanish. Let's
17 go in Spanish, correct?

18 CLAIMANT: Okay.

19 ADMINISTRATIVE LAW JUDGE: Sit closer here so that
20 you get picked up on the microphone. Good. All right.
21 Now, Miss Maldonado, I swore you. You're under oath, right?

22 INTERPRETER: Right.

23 ADMINISTRATIVE LAW JUDGE: You're not loud enough.
24 You got to speak--

25 INTERPRETER: Yes.

1 ADMINISTRATIVE LAW JUDGE: Okay. Now, you are employed
2 by whom?

3 INTERPRETER: Social Security Administration.

4 ADMINISTRATIVE LAW JUDGE: And what is your job there?

5 INTERPRETER: Claims representative.

6 ADMINISTRATIVE LAW JUDGE: And obviously it seems to
7 me. Well, not obviously-- it seems to me that you are
8 fluent in Spanish and in English, is that right?

9 INTERPRETER: Yes.

10 ADMINISTRATIVE LAW JUDGE: You speak both?

11 INTERPRETER: Yes.

12 ADMINISTRATIVE LAW JUDGE: I see. What is the
13 level of your education?

14 INTERPRETER: Four years of college.

15 ADMINISTRATIVE LAW JUDGE: What college did you go
16 to?

17 INTERPRETER: University of Puerto Rico.

18 ADMINISTRATIVE LAW JUDGE: I see. Mr. Santiago, this
19 lady is an employee of the Social Security Administration,
20 and she is under oath to do faithful translations and
21 accurate translations in this hearing.

22 But you have a right if you wish to object to her
23 being the translator because she is employed by the Social
24 Security Administration.

25 CLAIMANT: Yeah.

1 ADMINISTRATIVE LAW JUDGE: You want to object to her,
2 or is it all right for her to be the translator?

3 CLAIMANT: Well, we go in English. In case I don't
4 understand some word, I ask her and she tell me.

5 ADMINISTRATIVE LAW JUDGE: Okay. I think we're going
6 to waste a lot of time if we pursue this, so we're going to
7 pursue the hearing instead.

8 Now, you couldn't get a lawyer, is that right?

9 CLAIMANT: Yeah. Because I have trouble filling out--
10 figuring out with money. I don't-- you know.

11 ADMINISTRATIVE LAW JUDGE: Well, how about the people--
12 did you go to Legal Aid?

13 CLAIMANT: I go to Legal Aid (UNINTELLIGIBLE).

14 ADMINISTRATIVE LAW JUDGE: (UNINTELLIGIBLE) and
15 what did they say to you?

16 CLAIMANT: They say to come tomorrow. Come at 7:30--
17 come the next morning at 8:00 and they continue me like
18 that.

19 ADMINISTRATIVE LAW JUDGE: And they never-- did you
20 do what they asked you to do?

21 CLAIMANT: Yeah.

22 ADMINISTRATIVE LAW JUDGE: Then what happened?

23 CLAIMANT: Yeah, they say they ain't got nobody.

24 ADMINISTRATIVE LAW JUDGE: Did you go to anyplace
25 else other than Legal Aid?

1 CLAIMANT: I went over here to (UNINTELLIGIBLE).

2 ADMINISTRATIVE LAW JUDGE: What's that? The South
3 Brooklyn Legal Aid?

4 CLAIMANT: South Brooklyn Legal Aid, yeah.

5 ADMINISTRATIVE LAW JUDGE: It's Legal Services, and
6 what did they tell you?

7 CLAIMANT: They told me I have to go in there.

8 ADMINISTRATIVE LAW JUDGE: Over to Legal Aid in New
9 York?

10 CLAIMANT: Yeah. And they keep me running me back
11 and forth.

12 ADMINISTRATIVE LAW JUDGE: "Catch-22", "Catch-22".

13 You know what we're going to do? We're going to proceed
14 without a lawyer. How do you like that? And if you don't
15 like my decision-- if it's against you, you can write a
16 piece a paper.

17 We'll tell you about it later. And you go to the
18 Appeals Council in Washington. All you got to do is sign
19 a piece of paper. And if you don't like what they do, you
20 can go to the District Court; and if I know what the law
21 is, if you don't have a lawyer, they're going to reverse
22 me, no matter what happens if I come down against you.

23 So,-- especially in the Eastern District of New
24 York. So, you got nothing to lose. Let's go ahead with
25 the hearing. Shall we?

1 Now, let me tell you something about this type of 26
2 hearing. If you don't understand me, now, tell me, and
3 we'll go into Spanish, all right?

4 CLAIMANT: All right.

5 ADMINISTRATIVE LAW JUDGE: Comprende?

6 CLAIMANT: Yes.

7 ADMINISTRATIVE LAW JUDGE: The purpose of this hearing
8 is to make certain that you can start all over again. And
9 present the case to somebody who has not been against you
10 up to this time. Do you understand that?

11 CLAIMANT: Yeah, okay.

12 ADMINISTRATIVE LAW JUDGE: I am such a person. I
13 have had no prior contact with the case. I am an Administra-
14 tive Law Judge of the Social Security Administration. All
15 right?

16 CLAIMANT: I know.

17 ADMINISTRATIVE LAW JUDGE: I'm employed by the
18 Social Security Administration, and the people that turned
19 you down-- they're also the Social Security Administration.
20 Right?

21 CLAIMANT: Yeah.

22 ADMINISTRATIVE LAW JUDGE: But my bureau, the Bureau
23 of Hearings and Appeals, is a part from those people-- the
24 other bureaus that turned you down, all right?

25 CLAIMANT: Okay.

1 ADMINISTRATIVE LAW JUDGE: You got me?

2 CLAIMANT: Yeah, I got you.

3 ADMINISTRATIVE LAW JUDGE: All right. So, we're
4 going to make a new and independent decision based on
5 whatever we get at this hearing. You have me?

6 CLAIMANT: Okay. I understand.

7 ADMINISTRATIVE LAW JUDGE: What will it be based on?
8 It will be based on your oral testimony-- what you tell
9 me here. It will be based on the testimony of this man,
10 Mr. Bierman, who is here.

11 He is not a doctor. He is an expert on jobs and
12 job placement. You know what that is?

13 CLAIMANT: Yeah, I know.

14 ADMINISTRATIVE LAW JUDGE: Okay. I hope you know.
15 And it will be based most importantly on the records of
16 this case that have been amassed up to this time. There's
17 nothing in evidence now.

18 You know, this is just pieces of paper.

19 CLAIMANT: I know it was-- it is not too much
20 evident over there because the money-- I can get for the
21 Workmen's Compensation when I got hurt for the job-- it's
22 not enough to pay a lot of--

23 ADMINISTRATIVE LAW JUDGE: Let me go on. We'll hear
24 you in just a minute. Let me just tell you what's going
25 on so far.

27

1 Now, the rules of evidence used in the court ~~pro-~~ 28
2 proceedings are not followed here. There's nobody here against
3 you. Do you understand?

4 CLAIMANT: I do.

5 ADMINISTRATIVE LAW JUDGE: But I am trying to find out
6 what the facts are. If the facts show that you should be
7 paid, you'll be paid. If the facts don't show you can
8 be paid, you won't be paid. You understand that?

9 CLAIMANT: But I can appeal again, right?

10 ADMINISTRATIVE LAW JUDGE: You can appeal after I
11 make my decision if it comes down against you. All right?

12 CLAIMANT: Yeah, okay.

13 ADMINISTRATIVE LAW JUDGE: Now, when you filed the
14 request for hearing, they sent me the files. All right?

15 CLAIMANT: Yeah.

16 ADMINISTRATIVE LAW JUDGE: And I took out from all
17 these files papers that seemed to me to be important.

18 CLAIMANT: Yeah.

19 ADMINISTRATIVE LAW JUDGE: I took out the application,
20 your earnings record, things you said, the doctors' reports,
21 and so forth.

22 CLAIMANT: Yeah.

23 ADMINISTRATIVE LAW JUDGE: And I had them marked in
24 red ink at the bottom. It's number 1 through 20. Now,
25 did you and my Hearing Assistant, Miss Friedman, go over

1 these records before we opened the hearing? Did she tell
2 you what they were? 29

3 CLAIMANT: She told me the last time I was here.

4 ADMINISTRATIVE LAW JUDGE: Do you want us to go
5 over them again with Miss Maldonado?

6 CLAIMANT: All right. It's now five minutes of two,
7 and we're going to adjourn the hearing, and you'll go over
8 number 1 through 20 with Miss Maldonado. Off the record.
9 It's 1:55.

10 (At this point, there ensued an off-the-record
11 discussion.)

12 ADMINISTRATIVE LAW JUDGE: It's now about 2:05, Mr.
13 Santiago, and I ask you, have you had an opportunity to
14 go over those records marked 1 through 20 with Miss
15 Maldonado?

16 CLAIMANT: Yes.

17 ADMINISTRATIVE LAW JUDGE: Is that Mrs. or Miss
18 Maldonado?

19 INTERPRETER: Miss.

20 ADMINISTRATIVE LAW JUDGE: Miss. Is there anything
21 in there that you object to?

22 CLAIMANT: No.

23 ADMINISTRATIVE LAW JUDGE: So hearing no objection,
24 I'm going to receive in evidence and make part of the
25 record 1 through 20.

1 CLAIMANT: Only one.

2 ADMINISTRATIVE LAW JUDGE: Okay. Let's reserve that
3 now.

4 CLAIMANT: They put on it that I can lift 75 pounds.
5 I can't lift that.

6 ADMINISTRATIVE LAW JUDGE: Doesn't say 70 pounds.

7 INTERPRETER: Thirty-five pounds.

8 ADMINISTRATIVE LAW JUDGE: You say you can't lift
9 35 pounds?

10 CLAIMANT: No.

11 ADMINISTRATIVE LAW JUDGE: Well, that's his opinion.
12 You know?

13 CLAIMANT: Oh, yeah.

14 ADMINISTRATIVE LAW JUDGE: I can't change his
15 opinion.

16 CLAIMANT: Oh yeah.

17 ADMINISTRATIVE LAW JUDGE: But you-- is that your
18 objection?

19 CLAIMANT: Yeah.

20 ADMINISTRATIVE LAW JUDGE: It's overruled. I can't
21 change his opinion. That's what he said. It may be wrong.
22 But that's what he said. All right. I don't know what
23 that's in.

24 I suppose that refers to Exhibit 14, Erwin Nelson's--
25 Dr. Erwin Nelson's estimation in Exhibit 14 as to what the

1 Claimant's ability to lift was.

31

2 Anyway, I'll just note Exhibit 14, objection overruled.

3 Re: 35 pound lifting. And there being no other objections
4 to any of the other exhibits, they are received.

5 (Exhibits 1 through 20, previously identified, were
6 received in evidence and made a part of the record hereof.)

7 EXAMINATION OF CLAIMANT BY ADMINISTRATIVE LAW JUDGE:

8 Q Now, Mr. Santiago, the record shows that your
9 were born on March 12, 1933, is that right?

10 A Right.

11 Q And the record also shows that you have an
12 injury to your back in 1965 for which you received a
13 Workmen's Compensation award, is that right?

14 A Yeah.

15 Q How much was the award?

16 A I think \$6,000.

17 Q \$6,000?

18 A Yeah, I think so.

19 Q And it also shows that you were a cutter in
20 the ladies garment industry, is that right?

21 A Yeah.

22 Q And after you got that injury, you went back
23 to work? Right?

24 A Yeah.

25 Q And you worked through 1972 when you fell on

1 your back again, is that right?

2 A Yeah.

3 Q And tell me, did you ever work after that?

4 A No.

5 Q And was that fall in March of 1971?

6 A Yeah.

7 Q Your earnings record showed that you had earnings
8 up to sometime after March of '71 into about April, May or
9 June. Do you know how those earnings got there?

10 A No.

11 Q Did your boss pay you sick pay, or something
12 like that?

13 A The boss paid me awhile after I got hurt.

14 Q After you got hurt?

15 A Yeah.

16 Q Did he pay you up to a few weeks after that?

17 A No.

18 Q So, I don't know how these earnings got there
19 for the second quarter-- for April. How did the earnings
20 get there for April, do you know?

21 A I don't know because in the letter they send
22 me over here-- (UNINTELLIGIBLE).

23 Q Would you show that to me, please?

24 A Yes.

25 Q Let's see what the Claimant is handing up to

1 me. He's handing up to me a Workmen's Compensation award
2 of 3/10/71, dated March 21, 1972. All right. Now, that's
3 fine.

4 But I'm asking you is did you get paid any kind of
5 money in April or May?

6 A No.

7 Q All right. It's there anyway. It's unexplained.
8 So, we'll put the date of onset as March 10, 1974. It's
9 all right.

10 A Yeah.

11 Q Did you ever try to go back to work after that?

12 A I go back to our place. Only work about--
13 they told me try for awhile, and (UNINTELLIGIBLE) whether
14 I can continue, you know. Ask to come home.

15 Q Why couldn't you continue?

16 A Because of my back and the standing.

17 Q You can't what?

18 A Can't stand anymore too much.

19 Q You can't stand up anymore?

20 A No.

21 Q Well--

22 A Because it's a pushing machine that they
23 (UNINTELLIGIBLE). I tried to. They don't-- no, no job.
24 I can't walk the, you know, the floor. I can't walk.

25 Q So you couldn't go back to your old job as a

1 cutter, is that right?

2 A No.

3 Q Is that because there's too much walking
4 involved?

5 A Yeah.

6 Q Anything else in the job that stopped you
7 from doing it besides the walking around the table?

8 A You're walking and sometime I can't sit down
9 either.

10 Q You can't sit down?

11 A No, I can't sit down too much.

12 Q Why not?

13 A Why, because I have pain. The only thing I
14 have to go when I go home I lay down on the floor.

15 Q Are you married?

16 A Yeah.

17 Q You got kids?

18 A Yeah.

19 Q Have you ever worked since 1971?

20 A No, I can't. I don't work any.

21 Q Did you ever try to get a job other than as
22 a cutter?

23 A I tried to get another job.

24 Q Not as a cutter?

25 A No, to-- I tried to work in the office or like

1 this. But I can't because all of that is degrees. All-1
2 got is Sixth Grade in school.

3 Q Sixth Grade?

4 A Yeah.

5 Q What other jobs did you try to get?

6 A I tried to get a job, like I say, was sit down
7 for a little while and stand up for a little while.

8 Q Why couldn't you get a job like that?

9 A Because I don't find any. I mean now, it's
10 hard to find a job.

11 Q Yes, it is. Do you think you could do a job--
12 I didn't mean to say get a job. Do you think you could do
13 a job that permitted you to stand up and sit down, stand
14 up and sit down?

15 A I don't know. The only thing I have to try.
16 To be I have to try.

17 Q Let me ask you this. You remember Dr. Nelson
18 examined you last May?

19 A Yes.

20 Q Just May 13-- my goodness, that's a year ago
21 tomorrow. And did you tell him that you could not sit for
22 more than an hour?

23 A Yeah.

24 Q Now, listen to me very carefully. I want this
25 translated into Spanish. All right. Are you ready, Miss

1 Maldonado? Did you tell Dr. Nelson that you could not sit
2 for more than one hour when he examined you? You told
3 him that you could not sit for more than an hour?

4 A Yes.

5 Q Did you tell him that you could not stand for
6 more than an hour?

7 A Yes.

8 Q Did you tell him that you could sit for one
9 hour?

10 A Yeah. He could stand up for one hour, and
11 sit down for one hour.

12 Q Is that what he said?

13 INTERPRETER: Yes.

14 BY ADMINISTRATIVE LAW JUDGE:

15 Q Did you tell Dr. Nelson that you could walk
16 four blocks?

17 A Yeah. Four blocks, and the next day I had--
18 I tell him four blocks. I can walk four blocks. I tell
19 him the next day I had to-- I don't know if he put it--
20 the next day I had to be in bed.

21 Q He didn't put that down. He just said, "can
22 walk four blocks."

23 A Yeah.

24 Q Well, how far can you walk without going to
25 bed?

1 Q Okay. Can you lift five pounds?

2 A Yeah, about five pounds.

3 Q And you live on the second floor in your house?

4 A Yes.

5 Q Do you walk up the steps?

6 A I have to walk but I take rests. Why, in
7 case I go up, somebody go in (UNINTELLIGIBLE).

8 Q Okay. You can walk one flight of steps with
9 five pounds, is that right?

10 A Yeah.

11 Q All right. We'll go off the record at 2:15
12 to change the tape.

13 (Off the record.)

14 BY ADMINISTRATIVE LAW JUDGE:

15 Q We're back on the record at about 2:14. Mr.
16 Santiago, I forgot to ask you, do you have any new medical
17 records that are not in the file that you would want me
18 to put in evidence?

19 A No, I don't have any because I don't got--
20 (UNINTELLIGIBLE) I don't got no money.

21 Q Are you seeing a doctor now?

22 A No, 'cause I don't have no money. Because
23 I want--

24 Q Do you go to any hospital clinic now?

25 A No, I went to one, and they don't accept me

1 because I don't got Medicaid.

39

2 Q You don't have Medicare?

3 A No.

4 Q Now, do you remember Dr. Post?

5 A Yeah.

6 Q He examined you for a number of months, didn't

7 he?

8 A Yeah.

9 Q He said he saw you from April of 1971 until

10 sometime in 1973?

11 A Yeah.

12 And the lawyer told me I don't have to see him

13 again. My lawyer-- I don't know why 'cause I was supposed

14 to continue over there in case I was sick.

15 Q Well, I just want to tell you that Dr. Post

16 says that you can work provided that you don't do any

17 bending or lifting. Did you know that?

18 A Yeah.

19 Q He said you can do light work. But it

20 shouldn't be with bending or lifting, did you know that?

21 A Yeah. That's what I mean. Any work you do,

22 you have to bend or lift.

23 Q Well, I don't know. We'll find out in just

24 a few minutes, I think. I have a feeling we will. Now,

25 Dr. Nelson says-- he says you can sit, stand, stoop and

1 lift up to 35 pounds but you should avoid lifting to 50
2 pounds or do excessive bending and squatting.

3 A Yeah, but I don't-- I don't tell him that.

4 Q Well, that's his opinion.

5 A That's his opinion.

6 Q But Dr. Post's opinion says that you can work
7 except that you shouldn't bend or lift.

8 A Yeah, but how you can work bend or lift? He's
9 make a mistake there.

10 Q If you-- do you think you could do a job if
11 it did not have bending or lifting? Do you understand me?

12 A Yeah.

13 Q Do you think you could do a job if it didn't
14 have bending or lifting?

15 A I don't know because I bend in the job-- you
16 had to bend down and lift. I had to move.

17 Q Well, that's beside the point what you say.
18 I'm asking you could you do a job that didn't do-- didn't
19 have bending or lifting, or at least had very little bending
20 or lifting?

21 INTERPRETER: He says he's not sure. Because even
22 his high pressure, you know, bothers him.

23 ADMINISTRATIVE LAW JUDGE: Okay.

24 BY ADMINISTRATIVE LAW JUDGE:

25 Q What medication are you taking for your high

1 blood pressure now?

2 A That one they give in the hospital.

3 Q Pills?

4 A Yes, pills, yeah.

5 Q Well, I want to tell you that Dr. Nelson, the
6 one we sent you out to, says you can lift up to 35 pounds.
7 You say you can't, right?

8 A Yeah.

9 Q But Dr. Post, your own doctor, says you can do
10 light work provided that there's no lifting or bending on
11 a regular basis.

12 Now, I mean that's what the medical evidence says.
13 And then the hospital records from Kings County Hospital
14 shows a little arthritis in your back. And then it says,
15 the blood tests were all right.

16 The blood pressure was a little high. Gave you some
17 medicine. But it doesn't say that, you know-- that you're
18 really terribly sick. At least, that's not the way I saw
19 it.

20 They said you have hypertension and arthritis. High
21 blood pressure and arthritis. Doesn't say anything here
22 about not working. It says your arthritis is very mild.

23 A (UNINTELLIGIBLE) I know I can't work.

24 Q Can't work or you can't walk?

25 A I can't work.

1 Q Why can't you work?

2 A Because they (UNINTELLIGIBLE).

3 Q I'm not talking about as a cutter. I'm talking
4 about other work. Do you think you could do some other work?
5 You don't know, uh?

6 A No, I don't know.

7 Q All right.

8 ADMINISTRATIVE LAW JUDGE: Mr. Bierman, would you
9 stand, please? Raise your right hand.

10 The Vocational Expert, ARTHUR I. BIERMAN, having
11 been first duly sworn, testified, as follows:

12 ADMINISTRATIVE LAW JUDGE: Mr. Santiago, as I tried
13 to tell you before, Mr. Bierman is not a doctor. He is
14 a man who is expert at telling people what jobs they can
15 do if-- if you tell him what kind of strength you got.

16 CLAIMANT: I know. I know (UNINTELLIGIBLE).

17 ADMINISTRATIVE LAW JUDGE: No, I don't think. Let's
18 ask. Let's ask. Very interesting. Mr. Bierman, have you
19 ever seen this man before-- Mr. Santiago?

20 VOCATIONAL EXPERT: No.

21 CLAIMANT: No.

22 EXAMINATION OF VOCATIONAL EXPERT BY ADMINISTRATIVE
23 LAW JUDGE:

24 Q Mr. Bierman, are you under contract with the
25 Social Security Administration to give testimony in disability

1 cases as a Vocational Expert?

2 A Yes sir.

43

3 Q By virtue of that contract, are you paid fees?

4 A Yes sir.

5 Q And by virtue of that contract and those fees,
6 do you feel yourself under any obligation to testify for
7 or against this Claimant?

8 A No sir. I have no--

9 Q Would you translate that into Spanish, please?
10 Want me to do it again?

11 INTERPRETER: No, I--

12 ADMINISTRATIVE LAW JUDGE: Did you understand what
13 he said?

14 INTERPRETER: Yeah, that he's employed--

15 ADMINISTRATIVE LAW JUDGE: That's he got a contract
16 with the Social Security Administration. He's paid money
17 to testify but he has never met-- he feels himself under
18 no obligation to testify either for or against the interests
19 of Mr. Santiago.

20 INTERPRETER: Yes.

21 ADMINISTRATIVE LAW JUDGE: Now, Mr. Bierman's qualifica-
22 tions schooling are already in the evidence that you didn't
23 object to. I just wanted to tell you that. Would you tell
24 him that in Spanish, please?

25 Do you understand that?

1 CLAIMANT: Yeah.

2 ADMINISTRATIVE LAW JUDGE: All right. Now, at 2:20
3 we're going to go off the record so that I can hear the
4 tape. I want to see that we're coming through clear. Off
5 the record.

6 We're back on the record at 2:21.

7 RE-EXAMINATION OF VOCATIONAL EXPERT BY

8 ADMINISTRATIVE LAW JUDGE:

9 Q Mr. Bierman, prior to the opening of this
10 hearing, did I send you the records in this case?

11 A Yes sir, you did.

12 Q And have you had a chance to examine them?

13 A Yes I have.

14 Q And did you examine them?

15 A Yes I did.

16 Q Are you aware that the records show that the
17 Claimant has a sixth grade education?

18 A Yes I am.

19 Q And you were, of course, have been here since
20 the opening of this record, have you not?

21 A Yes I have.

22 Q This insofar as May 12, 1974?

23 A Yes.

24 Q You've heard him speak English and Spanish, is
25 that right?

1 A Yes I have.

2 Q And as I say, he has a sixth grade education.

3 Now, the Claimant has more than 20-- what is it? How
4 many years were you a cutter?

5 CLAIMANT: I started 1957.

6 ADMINISTRATIVE LAW JUDGE: 1957.

7 CLAIMANT: Yeah.

8 ADMINISTRATIVE LAW JUDGE: And what other jobs have
9 you had except as a cutter? What other jobs besides that?

10 CLAIMANT: I was working in the country.

11 ADMINISTRATIVE LAW JUDGE: In the country?

12 CLAIMANT: Yeah.

13 ADMINISTRATIVE LAW JUDGE: What country?

14 CLAIMANT: Delaware and Pennsylvania.

15 ADMINISTRATIVE LAW JUDGE: What did you do in
16 Delaware and Pennsylvania?

17 CLAIMANT: I worked in the-- cut asparagus.

18 ADMINISTRATIVE LAW JUDGE: You cut asparagus?

19 CLAIMANT: Yeah.

20 ADMINISTRATIVE LAW JUDGE: How did you learn how to
21 be a cutter?

22 CLAIMANT: Oh, I forced myself to learn it.

23 ADMINISTRATIVE LAW JUDGE: How long were you an
24 asparagus cutter?

25 CLAIMANT: Oh, it was about three years.

1 ADMINISTRATIVE LAW JUDGE: That's on a farm, right?

2 CLAIMANT: That's a farm, yeah.

3 ADMINISTRATIVE LAW JUDGE: Any other jobs?

4 CLAIMANT: No, I come here and started working the--
5 what do you call-- lamps.

6 ADMINISTRATIVE LAW JUDGE: Lamps?

7 CLAIMANT: Yeah.

8 RE-EXAMINATION OF CLAIMANT BY ADMINISTRATIVE LAW JUDGE:

9 Q What company? In Brooklyn?

10 A Yeah, but they went away.

11 Q They went away?

12 A Yeah.

13 Q What kind of lamps did they make?

14 Was it a manufacturing factory?

15 A Yeah, they put a-- make a table and the table--
16 they hook a lamp. That's all.

17 Q Okay. Now, was this a factory?

18 A There was a factory, yeah.

19 Q And what did you do in the manufacture of those
20 lamps? What did you do? What was your job?

21 A I was working the soldering machine.

22 Q Solderer?

23 A Yeah.

24 Q You were a solderer. And did you perform that
25 job standing up or sitting down?

1 A Standing up. Had to press down.
2 Q What did you have to press down with? Your foot?
3 A Yeah.
4 Q And did that make the solder right then and
5 there?
6 A Yeah.
7 Q Then they gave you another thing to solder?
8 A Yeah.
9 Q How many times did you have to raise and lower
10 your foot-- every minute, twice a minute?
11 A Yeah, but that was in 195-- 1954.
12 Q Mr. Santiago, in 1954, how long did you work
13 there?
14 A I worked there about a year.
15 Q One year. So, around 1954 you worked a year
16 in a Brooklyn factory where you were soldering?
17 A Now, I don't remember the name of the company.
18 Q And you performed your job standing up, is
19 that right?
20 A Yeah.
21 Q Now, and you pressed down with your foot and
22 that caused the soldering to take place?
23 A Yeah.
24 Q How many times did you have to press down
25 every minute? Once, twice, five times?

1 A About five times-- about five times about half
2 hour.

3 Q Five times a half hour?

4 A Yes.

5 Q So, it's about once every 10 minutes? Once every
6 six minutes?

7 A Six minutes.

8 Q You press down--

9 A You have to put in the pieces together, you
10 know.

11 Q I see. And did you ever sit down on that job
12 at all?

13 A No, I didn't sit down on that job.

14 Q I see. Any other jobs?

15 A In 1965, I started to lay the material out.

16 Q Okay.

17 A And one day the cutter don't come in. I started
18 to cut it myself, and the boss come and find out I do the
19 job good. He put me at the cutter.

20 RE-EXAMINATION OF VOCATIONAL EXPERT BY ADMINISTRATIVE
21 LAW JUDGE:

22 Q Okay. The Claimant was born in 1933, Mr.
23 Bierman-- March 12. I want to tell you as far as I can
24 see on his record, although the Claimant-- we have records
25 here from 1973 from Kings County Hospital with regards to

1 his high blood pressure. It shows a little high blood
2 pressure. But the blood tests were normal. Chest X ray
3 was normal. Heart was normal. And so they put him on some
4 drugs and told him to come back to the clinic in six weeks.

5 Did you ever go back to that clinic again?

6 CLAIMANT: I can't go because I don't find nobody to
7 take me there.

8 ADMINISTRATIVE LAW JUDGE: Where did you get the
9 drugs? How do you keep getting drugs for your high blood
10 pressure?

11 CLAIMANT: I don't get no more.

12 ADMINISTRATIVE LAW JUDGE: So, you don't have any
13 more. I thought you said you were still taking the drugs?
14 No?

15 CLAIMANT: No, I can't take it no more.

16 ADMINISTRATIVE LAW JUDGE: Well, he was taking some
17 reserpine and diurel, but he didn't do that. And the X rays
18 showed that his lumbar-sacral spine has a little sparring in
19 the lumbar area.

20 But I must tell you that I have two choices. One is
21 to take the residual functional capacity of this Claimant--
22 in substance as to what Dr. Post says because there are no
23 other records than we have.

24 The other is to take what Dr. Nelson says.

25 CLAIMANT: Dr. (UNINTELLIGIBLE), and Dr. Goldstein.

1 ADMINISTRATIVE LAW JUDGE: Dr. Goldstein doesn't say
2 what your capacity is. He says you've got some muscle
3 spasms. Is he a chiropractor by the way? I can't hear
4 you?

5 CLAIMANT: Yeah.

6 ADMINISTRATIVE LAW JUDGE: He says you got some
7 atrophy in your left calf. We know that. He says you got
8 some straight leg restriction and some tenderness and
9 muscle spasm. Doesn't say anything else.

10 Your complaints are of pain in the lumbar-sacral--
11 I'm reading from Exhibit 13. Some restriction of motion.
12 He doesn't give what you can and can't do.

13 Dr. Post does and Dr. Nelson does.

14 RE-EXAMINATION OF VOCATIONAL EXPERT:

15 Q NOW if I should tell you, Mr. Bierman--

16 A Yes sir.

17 Q That the Claimant can perform activities in-
18 cluding weight bearing and walking, and he can walk two to
19 three blocks with pauses in between. All right? Do you
20 understand that?

21 A Yes sir.

22 Q I get that because he says that if he walks
23 four blocks, he's got to stay in bed the next day. I'm
24 saying that he can walk two to three blocks, as I thought
25 he testified, if he takes pauses in between the walking.

1 Is that your testimony?

2 CLAIMANT: Yeah.

3 ADMINISTRATIVE LAW JUDGE: Hope you understand what
4 you say what "yeah" is.

5 BY ADMINISTRATIVE LAW JUDGE:

6 Q He can't lift more than five to ten pounds
7 regularly-- lift and carry. And he is restricted from
8 bending from the waist to a standing position. He can't
9 do that, right?

10 CLAIMANT: No, I can't.

11 ADMINISTRATIVE LAW JUDGE: At least on a regular basis.

12 BY ADMINISTRATIVE LAW JUDGE:

13 Q But he can stand for an hour. Sit for an hour.
14 Right? Is that right, Mr. Santiago?

15 CLAIMANT: Yeah.

16 ADMINISTRATIVE LAW JUDGE: And he can climb a flight
17 of stairs. Is that right? I can't hear your answer.

18 CLAIMANT: Yeah.

19 ADMINISTRATIVE LAW JUDGE: Is there anything wrong
20 with your hands?

21 CLAIMANT: Yes. Sometimes I can't close them.

22 ADMINISTRATIVE LAW JUDGE: Sometimes he can't close
23 his hands. Anything wrong with your eyes or ears?

24 CLAIMANT: No. Only all the time I got trouble with
25 over here in the head.

1 ADMINISTRATIVE LAW JUDGE: What's wrong with your head?

2 CLAIMANT: Like a noise-- I hear like a noise on the--
3 right from here the pain go over to here.

4 ADMINISTRATIVE LAW JUDGE: He says he has pain from
5 time to time in his back. Anything wrong with your shoulders?

6 CLAIMANT: Yeah. Sometimes I can't move it.

7 ADMINISTRATIVE LAW JUDGE: Well, he's got a little
8 arthritis in that. So, anyway he can climb the flight of
9 stairs, carry five to ten pounds, Mr. Bierman. Can walk
10 two to three blocks resting in between. Can sit for an
11 hour. Can stand for an hour. Sometimes he's got a little
12 trouble closing his hands.

13 BY ADMINISTRATIVE LAW JUDGE:

14 Q If I should credit his testimony as to his
15 residual functional capacity, could he return to work as
16 a cutter?

17 A No sir.

18 Q Could he do any other jobs in the national
19 economy that exist that you think in significant numbers?

20 A Yes sir.

21 Q What jobs could he do?

22 A Well, he could do some sedentary and light
23 jobs such as a hand packer which the person sits and just
24 puts small items-- cosmetics, jewelry, electronics, electrical
25 parts-- and fits them in boxes and cartons where he's sitting

1 and doing this.

2 Q What's that-- the electronics, the electrical
3 and what other?

4 A Cosmetics, toys, pharmaceutical, hand packaging.

5 Q And how many such jobs exist in the New York
6 Metropolitan Area-- let's say the five New York counties
7 and the six or seven surrounding counties in New Jersey,
8 West Chester and Long Island?

9 A Well, well above 10,000.

10 Q Any other categories he can do?

11 A Yes sir. He could do assembly work in which
12 small parts are put together-- eye glass frames, watch parts,
13 electrical parts, electronics-- using either machines or
14 hand tools-- very small hand tools.

15 Q Is that in the jewelry trade-- is that what
16 you're saying?

17 A Yes sir.

18 Q Eye glasses, electrical--

19 A Optics, electronics, electrical parts-- again,
20 the same industries.

21 Q How many jobs exist in the same area here?

22 A It's fair to say there are well above 10,000.

23 ADMINISTRATIVE LAW JUDGE: Yes, you wanted to ask a
24 question, Mr. Santiago?

25 CLAIMANT: Yes, what about the boss when they see

1 you with pain in your back, and you will-- who will get
2 the job? Like who can get me a job like that?

3 ADMINISTRATIVE LAW JUDGE: I don't know.

4 CLAIMANT: That's what I mean because the boss today--
5 they want you working like animals-- fast. And that's what
6 I mean.

7 ADMINISTRATIVE LAW JUDGE: Well, that's a fair question.

8 CLAIMANT: Yeah.

9 BY ADMINISTRATIVE LAW JUDGE:

10 Q Mr. Bierman, I think what-- aside from the
11 fact that Claimant says that no boss would like to see a
12 man working in pain-- let me ask you this. We're dealing
13 in jobs in the national economy on a competitive basis,
14 are we not?

15 A Yes sir.

16 Q At least I want you to understand that that's
17 the basis of my question and Mr. Santiago's statement.
18 Could he perform-- and so far we've talking about hand
19 packing and assembling, is that right?

20 A Yes. That's correct.

21 Q Could he perform those jobs with the dexterity,
22 continuity, and regularity-- meaning on a daily basis-- and
23 as he's doing them within the daily basis so as to keep up
24 with the production requirements required today?

25 A Under what circumstances?

1 Q Well, is hand-packing by hand or is it using
2 machinery?

3 A Hand-packing is usually by hand by definition.

4 Q And is it performed sitting?

5 A Yes sir.

6 Q Or in alternate sitting or standing positions?

7 A Sometimes on a chair, sometimes leaning, some-
8 times standing, whatever position the person wants.

9 Q And as I understand it, there's nothing really
10 wrong with his arms or hands here?

11 A Yes.

12 Q Could he with occasional pain in the back even
13 when sitting-- could he perform with the speed so far as
14 you understand? In other words, what I'm saying is would
15 pain from time to time-- or can you tell us with the pain
16 from time to time-- would so inhibit him that he couldn't
17 keep up with the other workers? Or can't you tell that
18 from this record?

19 A One thing we can ascertain, and that is that
20 there have been certain prescribed medications for him.
21 He's indicated that he's not taking them.

22 Q Well, is the pain in your back relieved when
23 you take Tylenol and other medications?

24 CLAIMANT: No, the pain in the back-- it relieves me
25 when I lay down on the floor, you know, straight on the floor.

1 ADMINISTRATIVE LAW JUDGE: That's when it hurts? 56

2 CLAIMANT: No, that's when it stays-- it relaxes
3 my body on--

4 ADMINISTRATIVE LAW JUDGE: How about-- you've been
5 sitting here for over an hour, right?

6 CLAIMANT: Yeah.

7 ADMINISTRATIVE LAW JUDGE: Now, do you want to stand
8 up? Is it so painful that--

9 CLAIMANT: I (UNINTELLIGIBLE) painful. Painful
10 because I feel the pain in here. But I can't stand up
11 because I'm in front of you.

12 ADMINISTRATIVE LAW JUDGE: Why not? You can stand
13 up if you want to.

14 CLAIMANT: Oh.

15 ADMINISTRATIVE LAW JUDGE: There's nothing wrong with
16 that.

17 CLAIMANT: Yeah, that's what I mean. It's like when
18 you go some place and you are new. And one thing I'm going
19 to explain according to the question what about the boss--
20 if some bosses see you sit down for hour, and up for one
21 hour, and then go like this. And the next day I can't go
22 because one is raining.

23 When it is the damp weather, I can't go to work.
24 What the boss going to kick me out because he need a steady
25 job.

1 ADMINISTRATIVE LAW JUDGE: Well, that's what I was
2 trying to ask Mr. Bierman. You see the medical records
3 don't show that you have pains that are not relieved by
4 aspirin or things like that-- Tylenol.

5 CLAIMANT: One thing I tell you. When I go to
6 Dr. (UNINTELLIGIBLE)-- you know, another doctor I went
7 there. But I don't got any money because they want to
8 operate on my back because according to the record--
9 Dr. (UNINTELLIGIBLE)-- I got like a hernia in the spine--
10 between the spine. When you fall down and hit something,
11 and the (UNINTELLIGIBLE) from the spine come out of your
12 body.

13 ADMINISTRATIVE LAW JUDGE: Yes, I know what that's
14 called.

15 CLAIMANT: Yeah. I don't know what they call. But
16 he wants to send me to a (UNINTELLIGIBLE) doctor for the
17 compensation-- one that pay-- the insurance, one that pays.

18 And this-- the trouble I got--

19 ADMINISTRATIVE LAW JUDGE: Didn't show up on the
20 X rays ?

21 CLAIMANT: No.

22 ADMINISTRATIVE LAW JUDGE: (UNINTELLIGIBLE).

23 CLAIMANT: No because they had to put a thick-- what
24 do you call it-- thick liquid and put it in. And you
25 know the machine it's assumed to show that because that's

1 a liquid. And X rays didn't show up. They call but I don't
2 got the money, and the compensation don't want to pay. The
3 insurance don't want-- they touch my back. And this is
4 the way it got.

5 I can't bend. You know what I got. That way I hold
6 me for a little while. But I take (UNINTELLIGIBLE) and I
7 can't bend. I can't do nothing.

8 That's the trouble I got. I know the boss-- I know
9 the boss and then they say how I'm supposed-- I can't do
10 the work.

11 ADMINISTRATIVE LAW JUDGE: Mr. Bierman says you can't
12 go back to work as a cutter.

13 CLAIMANT: No, I know.

14 ADMINISTRATIVE LAW JUDGE: I said that you could
15 sit down.

16 CLAIMANT: Yeah. I'm doing on the job. They need
17 me over here. I can't (UNINTELLIGIBLE) because my leg is
18 sleeping while I was standing like this.

19 ADMINISTRATIVE LAW JUDGE: Yes, Mr. Bierman, you want
20 to say something?

21 VOCATIONAL EXPERT: Would you ask Mr. Santiago when
22 he went to the clinic at Kings County Hospital-- they gave
23 him medication--

24 CLAIMANT: Yeah, they gave me.

25 VOCATIONAL EXPERT: And they said to him to return to

1 the clinic in six weeks for an appointment.

2 ADMINISTRATIVE LAW JUDGE: He said they wouldn't
3 take him back in the clinic because he wasn't on Medicaid,
4 is that right?

5 Okay, I'll ask again. Why didn't you go back to
6 Kings County?

7 CLAIMANT: Because I don't have any transportation.
8 I had to pay, and I don't got no money. That's the trouble
9 I got for me. I don't got no money. They gave me \$150.00
10 a week. For \$50.00 a week, I can't do nothing for \$50.00
11 a week.

12 ADMINISTRATIVE LAW JUDGE: What do you do about
13 your pain?

14 CLAIMANT: Uh?

15 ADMINISTRATIVE LAW JUDGE: What Mr. Bierman is
16 really saying, Mr. Santiago, if you had such great pain
17 you would have gone back to Kings County Hospital?

18 CLAIMANT: No, look now. See, how I got my hands.

19 ADMINISTRATIVE LAW JUDGE: He's not a doctor.

20 CLAIMANT: People-- they show if their hands swollen. I
21 know you got the right, and you got the right to tell me
22 what I feel.

23 But I have to tell you how I'm feeling, right.

24 ADMINISTRATIVE LAW JUDGE: I can't stop you from
25 doing that, Mr. Santiago. All I want to tell you is that

1 the doctors themselves say that you can do light work; in
2 substance. That's what they say.

3 CLAIMANT: Oh, yeah, that's what I mean.

4 ADMINISTRATIVE LAW JUDGE: Provided that there's not
5 too much bending. All right.

6 CLAIMANT: Yes.

7 ADMINISTRATIVE LAW JUDGE: Or lifting. Now, if you
8 just accept that for a second, and I tell that to Mr.
9 Bierman. I said, "Well, what jobs are there that don't
10 involve heavy lifting-- that the man can sit down and do
11 the job; and don't mean there's going to be a lot of lifting
12 or bending?"

13 And you heard him.

14 CLAIMANT: Yeah.

15 BY ADMINISTRATIVE LAW JUDGE:

16 Q Now, Mr. Bierman, what other job categories
17 besides assemblers and hand-packers that are light and
18 sedentary?

19 A Well, there are inspectors or examiners.

20 Q Is that also light and sedentary?

21 A Yes.

22 Q This same type of product?

23 A Yes.

24 Q In the electronics industry and so forth? Mr.
25 Bierman, what is light and sedentary work?

1 A Well, all work is classified on a scale, ~~or a~~
2 continuum, of sedentary, light, medium, heavy and very heavy,
3 Your Honor.

4 Sedentary and light are two points on that scale on
5 one end. Sedentary refers to jobs mostly seated. It
6 applies to 10 pounds or less.

7 Q You mean lifting?

8 A Lifting--

9 Q Is there any bending in a sedentary kind of
10 work?

11 A No sir.

12 Q Well, he's got to bend forward on the table,
13 doesn't he?

14 A The table can be pulled closer, or the person
15 can sit-- put their chair closer. Essentially it's never
16 more than using the fingertips for feeling, reaching; no
17 heavy lifting.

18 Light refers to 10 to 20 pounds, maximum; but no
19 gross physical activity, no continuous movements of all
20 the extremities, no heavy bending, lifting, no large muscle
21 activity where one is loading a truck, or anything like
22 that.

23 Even a cutter which he had done before involves
24 extensive bending. It would not be a sedentary or light
25 job. It's one that's constantly over the table with a

1 machine.

2 Q And this is not so as-- even as an operator of
3 a blister machine, or an edge sealer?

4 A No sir. One is essentially sitting. Takes
5 the bag of work which weighs a pound to five pounds and just
6 puts it in the machine, presses a button, or in any way
7 either by foot or by hand, or a lever-- and the machine
8 does the work.

9 Q An inspector?

10 A An inspector is somebody that essentially uses
11 either color, size, grade, or something usually visual-- and
12 they grade something. It meets a standard, or it doesn't
13 meet a standard by virtue of the size, measurement, color,
14 specificity--whatever it that it has to meet.

15 For example, lenses that are tinted, or a piece of
16 metal must be the same size-- piece of wire. As they
17 come off the the line, they have to all be-- the ends must
18 be clipped.

19 Q All right. Is that your testimony?

20 A Yes.

21 ADMINISTRATIVE LAW JUDGE: Do you want to ask Mr.
22 Bierman and questions?

23 CLAIMANT: Yeah, I want to ask a question. What
24 about with (UNINTELLIGIBLE)?

25 VOCATIONAL EXPERT: All the work that I have suggested

1 is--

2 ADMINISTRATIVE LAW JUDGE: How many inspectors are
3 there? Inspector jobs are there?

4 VOCATIONAL EXPERT: Well over 10,000 in the metro-
5 politan area.

6 ADMINISTRATIVE LAW JUDGE: In the New York area?

7 VOCATIONAL EXPERT: Oh yes.

8 ADMINISTRATIVE LAW JUDGE: How about machine operators?

9 VOCATIONAL EXPERT: Well over 10,000.

10 ADMINISTRATIVE LAW JUDGE: All right. You may ask
11 a question.

12 CLAIMANT: What about in case you can come, and you
13 feel you are in pain, and you can't come the next day? They
14 kick you out? We keep kicking me out?

15 VOCATIONAL EXPERT: Pain is very subjective. What
16 you may be able to tolerate, I may not be. I can't say that.
17 There's no way to find out how much pain you were in.

18 CLAIMANT: Because in case you have pain-- or I mean
19 the weather is bad weather. When it be bad weather I can't
20 work because my hand get swollen, you know.

21 I can't go back to work. What about-- they kick me
22 out. I can't come back.

23 ADMINISTRATIVE LAW JUDGE: Mr. Santiago, have you
24 tried to get a job?

25 CLAIMANT: Yeah. I tried to get a job.

1 ADMINISTRATIVE LAW JUDGE: A sitting job?

2 CLAIMANT: Yeah, I tried to get a job.

3 ADMINISTRATIVE LAW JUDGE: Where?

4 CLAIMANT: I tried to get a job in the, you know--
5 what they call the hardware store. (UNINTELLIGIBLE) check
6 the order, or anything like that-- the telephone, you know.

7 ADMINISTRATIVE LAW JUDGE: Call the order.

8 CLAIMANT: That's what I tried to get a job. They
9 told me-- they asked me what my physical condition. Someplace
10 they asked me for the physical condition. How you-- how
11 you can sit down? How do you, you know--

12 ADMINISTRATIVE LAW JUDGE: You told them that you
13 have too much pain, right?

14 CLAIMANT: Yeah. I tell them that I got the pain,
15 and maybe I can go two day a week or three day a week. They
16 need me a steady job over there-- they need.

17 The one thing I got to explain to you. In case this
18 case, I don't win because I know I can win it because I
19 don't got any money to worry a lot when I get the operation--
20 when I be ready for my back. You know, I don't want to be
21 all my life-- I don't want to be all my life like that.

22 I want to--

23 ADMINISTRATIVE LAW JUDGE: You've been that for four
24 years.

25 CLAIMANT: More than four years. Yeah, because the

1 first time I forced my to work. The only time I must be
2 borrowing to my niece.

3 ADMINISTRATIVE LAW JUDGE: That's what happens.

4 CLAIMANT: Even this morning when I come to over
5 here, I fall in the stair. I fall down in the stair when
6 I'm coming down because I lost the balance when I come down.

7 And I lost the balance when I come down. (INAUDIBLE).

8 ADMINISTRATIVE LAW JUDGE: Is there anything else
9 you'd like to say?

10 CLAIMANT: I'm-- (UNINTELLIGIBLE) one thing I want.
11 I was making money because the cutting I make good money
12 because you know that. The garments make a good money.

13 I don't need this, you know, the Social Security
14 supporting me one way because whatever I make good with
15 sitting, and the body (UNINTELLIGIBLE) he can't do nothing.
16 Because I (UNINTELLIGIBLE)-- I don't want to tell nobody
17 lies because lie is no good. Because we have to tell
18 the truth whatever it were.

19 And this is the way I feel-- the way I explained to
20 you. Only one thing I want to tell you now. In case I
21 lost the hearing-- in case I go to a doctor and get more
22 proof to working-- get him to continue work?

23 ADMINISTRATIVE LAW JUDGE: You can come back. And I
24 want to tell you what that means.

25 CLAIMANT: I have to start over again.

1 ADMINISTRATIVE LAW JUDGE: You are insured under the
2 Social Security Act through September 30th of this year. 66
3 Would you tell him that, please, in Spanish.

4 CLAIMANT: Yes.

5 ADMINISTRATIVE LAW JUDGE: That means that you have
6 to prove that you started to become disabled by or before
7 September 30, 1975.

8 Mr. Santiago, the medical records at this time do
9 not support a conclusion that you are disabled.

10 CLAIMANT: I know. I know.

11 ADMINISTRATIVE LAW JUDGE: Even though you can't go
12 back to being a cutter.

13 CLAIMANT: I know. I tell you because I don't got
14 the, you know--when you got money you can continue to a
15 doctor all the time now I go back to Kings County-- to
16 Kings County I will continue to then.

17 ADMINISTRATIVE LAW JUDGE: Okay. Do you have any
18 other questions?

19 CLAIMANT: No.

20 ADMINISTRATIVE LAW JUDGE: All right. At about 2:47
21 the hearing is closed. Thank you very much, Mr. Santiago.

22 CLAIMANT: Okay.

23 ADMINISTRATIVE LAW JUDGE: Miss Maldonado, thank you
24 for coming in.

25 INTERPRETER: You're welcome.

1 CLAIMANT: Okay. I'll see you--

2 ADMINISTRATIVE LAW JUDGE: All right. You'll get
3 my decision in about five or six weeks.

4 CLAIMANT: Okay. But I can continue to a doctor,
5 right?

6 ADMINISTRATIVE LAW JUDGE: Right.

7 CLAIMANT: Because I don't settle the compensation
8 case.

9 ADMINISTRATIVE LAW JUDGE: If I can do something for
10 you Mr. Santiago, I'll do it.

11 (The hearing closed at 2:47 p.m., on May 12, 1975.)

12 C E R T I F I C A T I O N

13 I have read the foregoing and hereby certify that
14 it is a true and complete transcription of the tes-
15 timony recorded at the hearing held in the above case
16 before Administrative Law Judge Robert W. Leiner.

17 Leticia S. D. Anglin
18 Transcriber

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APPLICATION FOR DISABILITY INSURANCE BENEFITS

Form Approved
OMB No. 72-R0530

(Do not write in this space)

BROOKLYN, NEW YORK
11201

1973 FEB -5 NY 112-27

JAN 16 1973 68

21106

101 OFFICE

NOTICE.—(a) Whoever makes or causes to be made any false statement or representation of a material fact in an application or for use in determining a right to payment under the Social Security Act, or (b) whoever, having received a payment for the use and benefit of another person, knowingly and willfully uses such payment for other than the person for whom it is received is subject, under the Social Security Act, to a fine of not more than \$1,000 or 1 year's imprisonment, or both.

I hereby apply for a period of disability and/or all insurance benefits payable to me under Title II of the Social Security Act, as amended.

1. Print your full name (First name, middle initial, last name) <i>Gregory Roman-Santiago</i>		(Check One) <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Enter your Social Security number <i>581 40 6255</i>
2. Enter your date of birth (Month, day, and year) <i>3/12/1933</i>		Enter the name of the State or foreign country where you were born <i>Princeton</i>	
3. (a) Have you (or has someone on your behalf) ever before filed an application for a period of disability or social security benefits? <input type="checkbox"/> Yes (If "Yes," answer (b), (c), (d), and (e).) <input checked="" type="checkbox"/> No (If "No," go on to item 4).		(b) What kind of application did you file (for example, wife's, widow's, disability)?	
(c) Enter name of person on whose earnings record you filed other application	(d) Enter Social Security Number of person named in (c) (If unknown, so indicate)	(e) Are you now receiving benefits on this record? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. What is your disability? (Briefly describe your impairment, that is, the injury or illness that prevents, or has prevented, you from working.) <i>back injury</i>			
5. (a) When did you become unable to work because of your disability?		Date (Month, day, and year) <i>3/10/1979</i>	
(b) Are you still disabled? <input checked="" type="checkbox"/> Yes (If "Yes," go on to item 6.) <input type="checkbox"/> No (If "No," answer (c).)			
(c) If you are no longer disabled, enter the date you were again able to work.		Date (Month, day, and year)	
6. Check any of the following which apply to you:			
(a) <input type="checkbox"/> Confined in a medical institution other than a general hospital	(d) <input type="checkbox"/> Confined in a chair (Including wheel chair)		
(b) <input type="checkbox"/> Patient in a general hospital	(e) <input type="checkbox"/> None of the above but unable to go outside		
(c) <input type="checkbox"/> Confined in bed at home	(f) <input type="checkbox"/> Able to go outside but only with help of another person or device		
	(g) <input checked="" type="checkbox"/> Able to go outside without help		

7. (a) Have you EVER filed (or do you intend to file) claims for disability benefits under an workmen's compensation law or plan? *another claim filed in 1955* 69
☒ Yes (If "Yes," answer (b) and (c).) ☐ No (If "No," go on to item 8.) *collectible claim*

(b) Has there been any decision or any payment (temporary, permanent, or lump-sum) made on the claim(s) filed?

☒ Yes (If "Yes," answer (c) and (d).) ☐ No (If "No," answer (c).) *1 year*

(c) Workmen's compensation claim number(s) *WC 213828-16*

(d) Enter the amount of the weekly payment made to you \$ *200 = / month*
(If you are receiving or have received payments on other than a weekly basis, such as bi-weekly or monthly payments, or if you have received a lump-sum payment based on your workmen's compensation claim, please indicate in "Remarks" on the back page and include the amount of such payment or payments.)

8. Did you work in the railroad industry any time on or after January 1, 1937?

☐ Yes ☒ No

9. (a) Were you in the active military or naval service after September 7, 1939?

☐ Yes (If "Yes," answer (b), (c), and (d).) ☒ No (If "No," go on to item 10.)

(b) Enter name of branch (Army, Navy, etc.) and country served (If other than U.S.A.)

(c) Enter dates of service below:

From:

To:

(d) Have you received, or do you expect to receive, a benefit from any other Federal Agency?

☐ Yes (If "Yes," answer (e).)

☐ No (If "No," go on to item 10.)

(e) Name the other Federal agencies

10. • Enter below the names and addresses of all the persons, companies, or Government agencies for whom you worked during the last 12 months.

• If you worked in agricultural employment, give this information for this year and last year
If neither of the above applies write "None" below and go on to item 12

NAME AND ADDRESS OF EMPLOYER (If you had more than one employer, please list them in order beginning with your last (most recent) employer)	WORK BEGAN		WORK ENDED (If still working show "Not Ended")	
	Month	Year	Month	Year
<i>Dalhousie Co.</i>	<i>6 months</i>		<i>3</i>	<i>51</i>
<i>881 Broadway N.Y.C.</i>	<i>4 months</i>			
<i>Construction P.R.</i>				

(If you need more space, use "Remarks" space on the back page.)

11. May the Social Security Administration or the State agency reviewing your case ask your employers for information needed to process your claim? ☒ Yes ☐ No

12. Were you self-employed this year, last year, or the year before?

☐ Yes (If "Yes," answer item 13.) ☒ No (If "No," go on to item 14.)

CHECK THE YEAR OR YEARS IN WHICH YOU WERE SELF-EMPLOYED	IN WHAT KIND OF TRADE OR BUSINESS WERE YOU SELF-EMPLOYED? (For example, storekeeper, farmer, physician)	WERE YOUR NET EARNINGS FROM YOUR TRADE OR BUSINESS \$400 OR MORE? (Check "Yes" or "No")	
<input type="checkbox"/> This Year			
<input type="checkbox"/> Last Year		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Year Before Last		<input type="checkbox"/> Yes	<input type="checkbox"/> No

14. How much were your total earnings last year? (Count both wages and self-employment income. If none, write "None") \$ None 70

15. How much have you earned so far this year? (If none, write "None") \$ None

16. (a) Check (✓) whether you are:
☒ Married (Whether living together or separated) ☐ Widowed ☐ Divorced ☐ Single
(If you checked "MARRIED" or WIDOWED, complete (b) and (c) if appropriate.) (If you checked "DIVORCED" or "SINGLE" go on to item 18.)

(b) Enter your wife's maiden name or your husband's name	Date of birth (If unknown, give age)	Date of marriage	Date of death (If deceased)	Your wife's or your husband's Social Security Number (If none or unknown, so indicate)
<u>Matilda Medina</u>	<u>3/13/35</u>	<u>1/12/59</u>		<u>W/S</u>

(c) If you are a married woman, was your husband receiving at least one-half of his support from you at the time you became unable to work because of your disabling condition, or is he receiving at least one-half of his support from you now? ☒ Yes ☐ No NA

17. Answer item 17 ONLY if your husband or wife is applying for benefits.

(a) Check (✓) whether your marriage was performed by:

Clergyman or authorized public official ☒, or other ☐ (Explain)

(b) Were you married before your present marriage? ☐ Yes ☒ No

(If "Yes," give the following information about each of your previous marriages.)

Previous marriage	To whom married	When (Month, day, and year)	Where (Enter name of city and State)
	How marriage ended	When (Month, day, and year)	Where (Enter name of city and State)
Previous marriage	To whom married	When (Month, day, and year)	Where (Enter name of city and State)
	How marriage ended	When (Month, day, and year)	Where (Enter name of city and State)

(Use "Remarks" space on back page for information about any other marriage.)

Your children (Including natural children, adopted children, and stepchildren) may be eligible for benefits based on your earnings record.

18. (a) Do you have ANY children who are now or were in the past 12 months UNMARRIED and: no grandchildren Number of children (If none, write "None")

• UNDER AGE 18	<u>FOUR</u>
• AGE 18 TO 22 AND ATTENDING SCHOOL	<u>None</u>
• DISABLED (18 OR OVER AND DISABILITY BEGAN BEFORE AGE 18)	<u>None</u>

If you have children who may qualify for benefits under any of the above conditions, answer (b) and (c).

(b)	Full Name of Child	Full Name of Child
	<u>Evelyn Roman</u> <u>7/1/66</u>	
	<u>Irma Roman</u> <u>12/26/58</u>	
	<u>Elizabeth Roman</u> <u>8/13/57</u>	<u>William Roman</u> <u>6/20/64</u>

(c) Do you wish to apply on behalf of all the children named in (b) for all insurance benefits payable to them under Title II of the Social Security Act, as amended? ☒ Yes ☐ No

If you are not applying for any child you name, enter the child's name under "Remarks" (back page of this form) and explain why you are not applying for such child. You may apply for a child even though you do not wish to be the payee for the child's benefits.

19. Do you have a dependent parent who was receiving at least one-half of his or her support from you when you became unable to work because of your disability?

☐ Yes

☒ No

1973 FEE-5

71

NY 11: 27

20. Do you authorize any physician, hospital, agency, or other organization to disclose to the Social Security Administration or to the State agency that may review this application or your continuing disability, any medical records or other information about your disability?

☒ Yes

☐ No

YOU MUST NOTIFY THE SOCIAL SECURITY ADMINISTRATION PROMPTLY IF:

- Your MEDICAL CONDITION IMPROVES so that you would be able to work, even though you have not yet returned to work.
- You GO TO WORK whether as an employee or a self-employed person.
- You apply for periodic benefits under any workmen's compensation law or plan.
- You are DISCHARGED FROM THE HOSPITAL if you are now hospitalized.

21. Do you agree to notify the Social Security Administration promptly if any of the above events occur?

☒ Yes

☐ No

Remarks: (This space may be used for explaining any answers to the questions. If additional space is required, attach separate sheet.)

Mother's Maiden Name Felomena Santiago

Father's Name José D. Roman

I worked steadily up to 3/10/71 except for the time I was injured in 1965.

IMPORTANT INFORMATION. PLEASE READ CAREFULLY. -A claimant for disability insurance benefits is required to submit medical evidence showing the nature and extent of his disability during the time he alleges he was under a disability. If such evidence is not sufficient to arrive at a determination, he may be requested to have an independent medical examination at the expense of the Social Security Administration. Should Social Security obtain information useful to his physician for treatment, such information may be furnished to him.

I know that anyone who makes a false statement or representation of a material fact in an application or for use in determining a right to payment under the Social Security Act commits a crime punishable under Federal Law. I affirm that the above statements are true.

SIGNATURE OF APPLICANT

Signature (First name, middle initial, last name) (Write in ink)

Date (Month, day, year)

1-10-73

SIGN HERE

Miguel Roman Santiago

Telephone Number (Include area code)

None

Mailing Address (Number and street, Apt. No., P.O. Box, or Rural Route)

266

50

St

City and State

Bklyn

N

ZIP Code

11220

Enter Name of County (if any) in which you now live

Kings

Witnesses are required ONLY if this application has been signed mark (X) above. If signed by mark (X), two witnesses to the signing who know the applicant must sign below, giving their full addresses.

Signature of Witness

Signature of Witness

Address (Number and street, City, State, and ZIP Code)

Address (Number and street, City, State, and ZIP Code)



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BALTIMORE, MARYLAND 21201

72

REFER TO:
581-40-6255

February 27, 1973

BUREAU OF
DISABILITY INSURANCE

Mr Gregory Roman Santiago
266 50 St
Brooklyn NY 11220

Dear Mr. Roman Santiago:

We have determined that you are not entitled to disability insurance benefits because you do not meet the disability requirement of the law. In reaching this decision we considered how much your condition has affected your ability to work. After carefully studying your records, including the medical evidence and your statements, and considering your age, education, training, and experience, it has been determined that your condition is not disabling within the meaning of the law.

Your social security record at the time you filed your application shows that you meet the earnings requirement for disability purposes until

September 30, 1975. Any additional earnings which may be credited to your record after the time you applied may, of course, extend this date.

If your condition should get worse and prevent you from doing any substantial gainful work, you should get in touch with any social security office about filing another disability application. An explanation of the disability requirement and the earnings requirement is given on the back of this notice.

If you believe that this determination is not correct, you may request that your case be re-examined. If you want this reconsideration, you must request it not later than 6 months from the date of this notice. You may make your request through any social security office. If additional evidence is available, you should submit it with your request. Please read the enclosed leaflet for a full explanation of your right to question the determination made on your claim.

If you have questions about your claim, you may get in touch with any social security office. Most questions can be handled by telephone or mail. If you visit an office, however, please take this letter with you.

Sincerely yours,

Harold G. Wanzer

Harold G. Wanzer
Director, Division of Initial Claims

Enclosure:
SSI-58

Exhibit No. 2

SSA-L806 1F (6-72)

IMPORTANT INFORMATION

Under the Social Security Act, a person may qualify for disability insurance benefits only if he meets both the earnings requirement and the disability requirement of the law. The information below explains these requirements:

The Earnings Requirement:

- A person whose disability began before age 24 meets the earnings requirement if he has social security credits for 6 calendar quarters (1½ years) of work during a 12-quarter (3-year) period ending with a quarter before age 24 in which he is disabled.
- A person whose disability began between the ages 24 and 31 meets the earnings requirement if he has social security credits for work in at least one half of the calendar quarters in the period beginning with the calendar quarter after age 21 and ending with a quarter before age 31 in which he is disabled.
- A person whose disability began at age 31 or later needs to meet two provisions of the earnings requirement. One, he needs credit for 20 calendar quarters (5 years) of work during a 40-quarter period (10 years) ending in or after a quarter in which he is disabled. And second, he needs credit for one calendar quarter of work for each year after 1950 (or after reaching age 21, if that is later) up to the year his disability began. In the second instance, the credits may have been earned at any time.

If a person does not have credit for the amount of work shown above he is not eligible for disability insurance benefits.

The Disability Requirement:

A person may be considered disabled only if he is unable to perform any substantial gainful work due to a medical condition which has lasted or can be expected to last for a continuous period of at least 12 months. His impairment must be so severe as to prevent him from working not only in his usual occupation but in any other substantial gainful work considering his age, education, training, and work experience.

The decision on your claim was made by the Social Security Administration on the basis of a disability determination by an agency of the State in which you live. Physicians and other trained disability evaluation personnel in the State agency participate in making such determinations.

Definitions of disability are not the same in all government and private disability programs. Government agencies must follow the particular laws which apply to their disability programs. Therefore, a finding by a private organization or another government agency that a person is disabled would not necessarily mean that he meets the disability requirement of the Social Security Act.

No benefits may be paid to the wife, husband, or child unless the wage earner or self-employed person is entitled to disability insurance benefits.

This notice concerns only your disability application. It is not a decision as to whether retirement, survivors or hospital and medical insurance benefits are payable.

According to your present earnings record and the date of birth you gave us, you have enough credit for work under social security to qualify you for retirement benefits at age 62.

BEST COPY AVAILABLE



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION

Form Approved
OMB No. 72-20552

REQUEST FOR RECONSIDERATION

NAME OF WAGE EARNER OR SELF-EMPLOYED PERSON
Gregory Santiago Roman

SOCIAL SECURITY CLAIM NUMBER
581-40-6255

NAME OF CLAIMANT (If different from person named above.)

CLAIM FOR (Specify type, e.g., retirement, disability, hospital insurance, etc.)

Disability

BROOKLYN, NEW YORK
11201
NOV 13 1973
21106
SSA DISTRICT OFFICE

I do not agree with the determination made on the above claim and request reconsideration.

My reasons are: I believe that I am disabled, I have been hospitalized at Kings Co. Hosp Cntr. as an out patient.

1974 JAN -4 NY 19: 09

NOTE: If the date of the notice of the determination on this claim was more than six months ago include your reason for not making this request earlier.

I am submitting the following additional evidence (If none, write "None."):

I will submit additional evidence

Signature (First name, middle initial, last name) (Write in ink)

Date (Month, day, year)
11/13/73

SIGN
HERE

Gregory Roman Santiago

Telephone Number
NONE

Mail Address (Number and street, apt. No., P.O. Box, or Rural Route)
266 50 ST.

City and State

BKLYN. N.Y.

ZIP Code

11220

Enter Name of County (if any) in which you now live

KINGS

Witnesses are required ONLY if this request has been signed by mark (X) above. If signed by mark (X), two witnesses to the signing who know the person requesting reconsideration must sign below, giving their full addresses.

1. Signature of Witness

2. Signature of Witness

Address (Number and street, City, State, ZIP Code)

Address (Number and street, City, State, ZIP Code)

FOR SOCIAL SECURITY OFFICE USE ONLY

PROVIDER NAME AND NUMBER (City and State)	INTERMEDIARY NAME AND NUMBER (City and State)	SOCIAL SECURITY OFFICE ADDRESS

ROUTING INSTRUCTIONS (Check one)

☐ State Agency (Route with disability folder)

☐ Division of Foreign Claims, Balto.

☐ Payment Center

BDI, Balto. ☐

☐ BDPA, Attn: CWAB, Balto.

☐ Intermediary

☐ DRB, Balto.

☐ RO (Emergency)

FORM SSA-561 (4-71)

NOTE: Take or mail completed copies to your Social Security Office.

Exhibit No. 3

BDI Code 1-P-48	File No. DI IDI-673-D
Date FEB 05 1974	

BDI REQUEST FOR CASE ACTION

TO: (Name of State Agency) New York				SA Code 330	Social Security Number 581-40-6255	Date 75	
FROM: Bureau of Disability Insurance				Name of Disabled Individual Gregory Roman Santiago			
				Wage Earner's Name, If Auxiliary Filing			
Initial <input type="checkbox"/>	Reconsideration <input checked="" type="checkbox"/>	Reopening <input type="checkbox"/>	Continuing Disability <input type="checkbox"/>	Claim for	DIB <input checked="" type="checkbox"/>	Child <input type="checkbox"/>	DWB <input type="checkbox"/>
					Freeze <input type="checkbox"/>		

Please take appropriate action as indicated below:

A. Action Requested

B. Case Characteristics

1. ☒ Prepare determination as to:

a. ☒ Disability - Form SSA-831

b. ☐ Continuance or cessation - Form SSA-833

2. ☐ Review - new evidence received subsequent to your determination

3. ☐ Re-Exam Diary, etc. CDI §353.3.

4. ☒ Other (see remarks)

1. ☒ Q C requirement last met **9/13/75**

2. ☐ Prescribed period begins _____ and ends _____

3. ☐ Prior denial was on a nondisability factor - a determination as to disability is now necessary

4. ☐ Transfer of jurisdiction under Federal-State agreement (see A.1)

5. ☐ New application after HE or AC decision - period ruled on by HE or AC through _____

Remarks:

Please prepare a revised determination in view of the request for reconsideration. We are accepting the request for reconsideration and being timely filed.

☐ Continued on attached sheet

ENCLOSURE: Disability File

4(2/20)



DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION

Form approved.
Budget Bureau No. 72-R0442

75

STATEMENT OF CLAIMANT OR OTHER PERSON

NAME OF WAGE EARNER OR SELF-EMPLOYED PERSON <i>Gregory Roman</i>	SOCIAL SECURITY NUMBER <i>JP1-40-6255</i>
NAME OF PERSON MAKING STATEMENT (If other than above wage earner or self-employed person)	RELATIONSHIP TO WAGE EARNER OR SELF-EMPLOYED PERSON

NOTICE.—Whoever makes or causes to be made any false statement or representation of a material fact in an application or for use in determining a right to payment under the Social Security Act is subject to not more than a \$1,000 fine or 1 year of imprisonment, or both.

Understanding that this statement is for the use of the Social Security Administration, I hereby certify that—

I did not receive the denial letter until June or July 1973. I no longer have the letter. Therefore when I asked for reconsideration I was still within the 6 month period.

Gregory Roman *Ple 12-73*



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BALTIMORE, MARYLAND 21241

77

BUREAU OF
DISABILITY INSURANCE

REFER TO
IDI-673-D
581-40-6255

JUL 12 1974

NOTICE OF RECONSIDERATION DETERMINATION

Mr. Gregory Roman-Santiago
266 50th Street
Brooklyn, New York 11220

Dear Mr. Roman-Santiago:

Upon receipt of your request for reconsideration, we had your claim independently reviewed by a physician and disability examiner in your State agency which works with us in making disability determinations. All the evidence in your case has been thoroughly evaluated; this includes the medical evidence and the additional information received since the original decision. A careful review has been made of this evidence taking into consideration your age, education, training and work experience. We find that the previous determination denying your claim for disability insurance benefits was proper under the law.

A person may be considered disabled only if he is unable to perform any substantial gainful work due to a medical condition which has lasted or can be expected to last for a continuous period of at least 12 months. His impairment must be so severe as to prevent him from working not only in his usual occupation but in any other substantial gainful work.

If you believe that the reconsideration determination is not correct, you may request a hearing before an administrative law judge of the Bureau of Hearings and Appeals. If you want a hearing, you must request it not later than 6 months from the date of this notice. You may make your request through any social security office. Read the enclosed leaflet BHA-1 for a full explanation of your right to appeal.

If you have questions about your claim, you should get in touch with any social security office. Most questions can be handled by telephone or mail. If you visit an office, however, please take this letter with you.

ISSUED BY: Division of Reconsideration
Bureau of Disability Insurance

Enclosure (1)

AGoldberg:rm 7/3/74

Exhibit No. 5

Form OAA-7083
DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
(2-56)

**REQUEST FOR CHANGE
IN YOUR SOCIAL SECURITY RECORDS**
Read Instructions on Back Before Filling in Form

Form Approved Budget Bureau No. 72-1131-4

SOCIAL SECURITY NO.

582-40-6255

With Black or Dark Blue Ink or Use Typewriter. Write Name in Ink in Item 15

1	IF REQUESTING NAME CHANGE, ENTER NEW NAME HERE EXACTLY AS YOU WILL USE IT AT WORK		(FIRST NAME) Gregory	(MIDDLE NAME OR INITIAL—IF NONE, DRAW LINE) R.	(LAST NAME) Santiago	DO NOT WRITE IN THIS SPACE
2	YOUR NAME AS SHOWN ON YOUR LAST SOCIAL SECURITY CARD		(FIRST NAME) Bernadino	(MIDDLE NAME OR INITIAL—IF NONE, DRAW LINE) R.	(LAST NAME) Santiago	
3	PRESENT MAILING ADDRESS (NUMBER AND STREET) (CITY) (ZONE) (STATE) 149 - 28th St. Bklyn 32, N.Y.					
4	DATE OF BIRTH (MONTH) (DAY) (YEAR) 3 22 1933		BIRTH DATE PREVIOUSLY REPORTED (If different from item 4) 5		PLACE OF BIRTH (CITY) (COUNTY) (STATE) Porto Rico Camuy	
7	FATHER'S FULL NAME (REGARDLESS OF WHETHER LIVING OR DEAD) Jose D. Roman			MOTHER'S FULL NAME AT HER BIRTH (REGARDLESS OF WHETHER LIVING OR DEAD) Filomena Santiago		
9	SEX: (MARK (X) WHICH) MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/>	10	COLOR OR RACE: (MARK (X) WHICH) WHITE <input checked="" type="checkbox"/> NEGRO <input type="checkbox"/> OTHER <input type="checkbox"/>	11 WHERE AND WHEN DID YOU GET YOUR SOCIAL SECURITY CARD? (CITY) (STATE) (YEAR) Porto Rico 1951		
12	HAVE YOU LOST YOUR CARD? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> IF YOUR ANSWER IS "NO," RETURN YOUR CARD WITH THIS APPLICATION. IF YOUR ANSWER IS "YES," AND YOU KNOW THE SOCIAL SECURITY NUMBER THAT WAS ON YOUR CARD, ENTER THAT NUMBER IN THE SPACE PROVIDED IN THE UPPER RIGHT CORNER OF THIS CARD.					
BUSINESS NAME AND ADDRESS OF EMPLOYER (IF UNEMPLOYED, WRITE "UNEMPLOYED") (NUMBER AND STREET) (CITY) (STATE) GIBRALTER HOUSEHOLD PRODUCTS CO., Inc. 2202 Flatbush Ave. Bklyn. 4, NY						
14	YOUR DATE 5/20/57		15 YOUR NAME AS USUALLY KNOWN (Do not use initials) (Last name) (First name) (Middle name) Gregory R. Santiago			

091-32-2341
25

EXHIBIT

6

Form OAA-7003
 DEPARTMENT OF
 HEALTH, EDUCATION, AND WELFARE
 SOCIAL SECURITY ADMINISTRATION
 (2-54)
**REQUEST FOR CHANGE
 IN YOUR SOCIAL SECURITY RECORDS**
Read Instructions on Back Before Filling in Form
 With Black or Dark Blue Ink or Use Typewriter. Write Name in Ink in Item 15

Form Approved by Bureau No. 72-1121

SOCIAL SECURITY NO.

581-46-6255 ~~REVEREND~~

1 IF REQUESTING NAME CHANGE, ENTER NEW NAME HERE EXACTLY AS YOU WILL USE IT AT WORK		(FIRST NAME) Gregory		(MIDDLE NAME OR INITIAL—IF NONE, DRAW LINE) R.		(LAST NAME) Santiago		DO NOT WRITE IN THIS SPACE
2 YOUR NAME AS SHOWN ON YOUR LAST SOCIAL SECURITY CARD		(FIRST NAME) Bernardino		(MIDDLE NAME OR INITIAL—IF NONE, DRAW LINE) Roman		(LAST NAME) Santiago		
3 PRESENT MAILING ADDRESS (NUMBER AND STREET)		(CITY)		(STATE)				<input type="checkbox"/> DUP. ISSUED <input type="checkbox"/> EMPLOYEE RECORDS
149 28th St Bklyn 32 NY								
4 DATE OF BIRTH (MONTH) (DAY) (YEAR) 3/22/33		5 BIRTH DATE PREVIOUSLY REPORTED (if different FROM ITEM 4) 3/22/32		6 PLACE OF BIRTH (CITY) (STATE)				PROC 091-32-234
				Canuy PR				
7 FATHER'S FULL NAME (REGARDLESS OF WHETHER LIVING OR DEAD) Jose Dolores Roman		8 MOTHER'S FULL NAME AT HER BIRTH (REGARDLESS OF WHETHER LIVING OR DEAD) Filomena Santiago						2 F
9 SEX: (MARK (X) UNDER) MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/>		10 OR RACE: (MARK (X) UNDER) WHITE <input checked="" type="checkbox"/> NEGRO <input type="checkbox"/> OTHER <input type="checkbox"/>		11 WHERE AND WHEN DID YOU GET YOUR SOCIAL SECURITY CARD? PR 1952				
12 HAVE YOU LOST YOUR CARD? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		IF YOUR ANSWER IS "NO," RETURN YOUR CARD WITH THIS APPLICATION. IF YOUR ANSWER IS "YES," AND YOU KNOW THE SOCIAL SECURITY NUMBER THAT WAS ON YOUR CARD, ENTER THAT NUMBER IN THE SPACE PROVIDED IN THE UPPER RIGHT-T CORNER OF THIS CARD.						
13 BUSINESS NAME AND ADDRESS OF EMPLOYER (IF UNEMPLOYED, WRITE "UNEMPLOYED") (NUMBER AND STREET) (CITY) (STATE)		Gilbral'er Household Prod 2202 Flatbush Ave Bklyn 34 NY						
14 TODAY'S DATE 5/11/57		15 YOUR NAME AS YOU USUALLY WRITE IT. (Do not print in ink or dark blue ink) Gregory R. Santiago						

Form SS-5 PR
TREASURY DEPARTMENT
INTERNAL REVENUE SERVICE
(Revised 9-50)

Solicitud Para Número de Cuenta del Seguro Social
Bajo la Ley Federal de Contribuciones de Seguros
(Lea instrucciones al dorso antes de llenar la forma)

A 541-14-0255

No escriba en el espacio de arriba

LLENE TODOS LOS ITEMS. LLENE EN LETRA DE MOLDE EN TINTA NEGRA O AZUL OSCURO, O EN MAQUINILLA. SI NO SABE LA INFORMACIÓN SOLICITADA EN CUALESQUIERA DE LOS ITEMS, ESCRIBA "NO SÉ."

1 ESCRIBA EN LETRA DE MOLDE EL NOMBRE QUE USARÁ CUANDO SE EMPLEE		NOMBRES		APELLIDO	
Bernardino		Román Santiago			
2 DIRECCIÓN POSTAL (CALLE Y NÚM., APARTADO O RFD) (CIUDAD) (ESTADO)		3 NOMBRE COMPLETO QUE RECIBIÓ AL NACER			
C/O Amalio Rivera Camuy, P.R.		Bernardino Román Santiago			
4 EDAD EN SU ÚLTIMO CUMPLEAÑOS	5 FECHA DE NACIMIENTO (MES) (DÍA) (AÑO)	6 SITIO DE NACIMIENTO (CIUDAD) (PAÍS)			
19 años	3/22/33	Camuy, P. R.			
7 NOMBRE COMPLETO DEL PADRE, AUNQUE HAYA MUERTO		8 NOMBRE COMPLETO DE SOLTERA DE LA MADRE, AUNQUE HAYA MUERTO			
José Dolores Román		Filomena Santiago			
9 (MARQUE (X) CUÁL) HOMBRE <input checked="" type="checkbox"/> MUJER <input type="checkbox"/>	10 COLOR O RAZA <input checked="" type="checkbox"/> BLANCO <input type="checkbox"/> NEGRO <input type="checkbox"/> OTRO <input type="checkbox"/>	11 ¿HA SOLICITADO ANTES O HA TENIDO NÚMERO DEL SEGURO SOCIAL O DEL RETIRO FERROVIARIO?		(MARQUE (X) CUÁL) SÍ <input type="checkbox"/> NO <input checked="" type="checkbox"/> NO SÉ <input type="checkbox"/>	
12 NOMBRE COMERCIAL DEL PATRONO. SI DESEMPLEADO, ESCRIBA "DESEMPLEADO"		13 SI SU CONTESTACIÓN ES "SÍ" INDIQUE LA CIUDAD Y EL ESTADO DONDE SOLICITÓ Y FECHA			
Felix Guillama Amador		ESCRIBA TAMBIÉN SU NÚMERO DEL SEGURO SOCIAL			
14 DIRECCIÓN DEL PATRONO (CALLE Y NÚM.) (CIUDAD) (ESTADO)		FIRME SU NOMBRE COMO USTED AC. TUMBRA (NO USE LETRAS DE MAYÚSCULA)			
Bo. Ciénega, Camuy, P. R.		Bernardino Román Santiago			
15 FECHA DE Hoy					
11/13/52					

No escriba en este espacio

N091-32-2341---

AL COMPLETAR ESTA SOLICITUD DEVUÉLVALA A EL SOCIAL SECURITY ADMINISTRATION, SAN JUAN

16-62911-1

Form OAAN-7063

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
(3-54)**REQUEST FOR CHANGE
IN YOUR SOCIAL SECURITY RECORDS**
Read Instructions on Back Before Filling in Form

Form Approved by Budget Bureau No. 73-R1214

SOCIAL SECURITY NO.

With Black or Dark Blue Ink or Use Typewriter. Write Name in Ink in Item 15

291-22-2341

DO NOT
WRITE IN
THIS SPACE☐ DUP. *
ISSUED
☐ EMPLOYEE
CORRESP.5529-48-6255
27-48-6255
PRNC

1 IF REQUESTING NAME CHANGE, ENTER NEW NAME HERE EXACTLY AS YOU WILL USE IT AT WORK (FIRST NAME) Gregory (MIDDLE NAME OR INITIAL - IF NONE, DRAW LINE) Ron (LAST NAME) Samuaga	
2 YOUR NAME AS SHOWN ON YOUR LAST SOCIAL SECURITY CARD (FIRST NAME) Bernadine (MIDDLE NAME OR INITIAL - IF NONE, DRAW LINE) Ron (LAST NAME) Samuaga	
3 PRESENT MAILING ADDRESS (NUMBER AND STREET) (CITY) (ZONE) (STATE)	
4 DATE OF BIRTH (MONTH) (DAY) (YEAR) 3-22-33	5 BIRTH DATE PREVIOUSLY REPORTED if different FROM ITEM 4
6 PLACE OF BIRTH (CITY) (COUNTRY) (STATE)	
7 FATHER'S FULL NAME (REGARDLESS OF WHETHER LIVING OR DEAD)	8 MOTHER'S FULL NAME AT HER BIRTH (REGARDLESS OF WHETHER LIVING OR DEAD)
9 SEX: (MARK (X) WHICH) MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	10 COLOR OR RACE: (MARK (X) WHICH) WHITE <input type="checkbox"/> NEGRO <input type="checkbox"/> OTHER <input type="checkbox"/>
11 WHERE AND WHEN DID YOU GET YOUR SOCIAL SECURITY CARD? STATE YEAR	
12 HAVE YOU LOST YOUR CARD? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YOUR ANSWER IS "NO," RET. YOUR CARD IN THE "4" SPACE. IF YOUR ANSWER IS "YES," AND YOU KNOW THE SOCIAL SECURITY NUMBER THAT WAS ON YOUR CARD, ENTER THAT NUMBER IN THE SPACE PROVIDED IN THE UPPER RIGHT CORNER OF THIS CARD.	
13 BUSINESS NAME AND ADDRESS OF EMPLOYER (IF UNEMPLOYED, WRITE "UNEMPLOYED") (NUMBER AND STREET) (CITY) (STATE)	
14 TODAY'S DATE	
15 IF FROM YOUR NAME AS YOU USUALLY WRITE IT. (Do not print) USE BLACK OR DARK BLUE INK Multa 581-46-6-55	

Form OAA-7003

Multiple No.

REQUEST FOR CHANGE

091-32-2341

APPROVAL

HUGGERT BURBAU No. 72-R114

HEALTH, EDUCATION, AND WELFARE DEPARTMENT OF SOCIAL SECURITY ADMINISTRATION

IN YOUR SOCIAL SECURITY RECORDS

Read Instructions on Back Before Filling in Form

SOCIAL SECURITY NO.

~~501-44-6255~~

With Black or Dark Blue Ink or Use Typewriter. Write Name in Ink in Item 15

DO NOT
WRITE IN
THIS SPACE☐ DUP.
ISSUED
☐ EMPLOYEE
CORRECTION

1 IF REQUESTING NAME CHANGE, ENTER NEW NAME HERE EXACTLY AS YOU WILL USE IT AT WORK		(FIRST NAME) Gregory		(MIDDLE NAME OR INITIAL - IF NONE, DRAW LINE) R.	(LAST NAME) Santiago
2 YOUR NAME AS SHOWN ON YOUR LAST SOCIAL SECURITY CARD		(FIRST NAME) Gregory		(MIDDLE NAME OR INITIAL - IF NONE, DRAW LINE) -	(LAST NAME) Roman
3 PRESENT MAILING ADDRESS (NUMBER AND STREET) (CITY) (ZONE) (STATE) 149 28th st Bklyn 32 NY					
4 DATE OF BIRTH (MONTH) (DAY) (YEAR) 3/22/33		5 BIRTH DATE PREVIOUSLY REPORTED (If different from item 4)		6 PLACE OF BIRTH (CITY) (COUNTY) (STATE) Camuy PR	
7 FATHER'S FULL NAME (REGARDLESS OF WHETHER LIVING OR DEAD) Jose D. Roman			8 MOTHER'S FULL NAME AT HER BIRTH (REGARDLESS OF WHETHER LIVING OR DEAD) Filomena Santiago		
9 SEX: (MALE (X) WHEN) <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE		10 COLOR OR RACE: (MALE (X) WHEN) <input checked="" type="checkbox"/> WHITE <input type="checkbox"/> NEGRO <input type="checkbox"/> OTHER		11 WHERE AND WHEN DID YOU GET YOUR SOCIAL SECURITY CARD? STATE YEAR PR 1952	
12 HAVE YOU LOST YOUR CARD? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		IF YOUR ANSWER IS "NO," RETURN YOUR CARD WITH THIS APPLICATION. IF YOUR ANSWER IS "YES," AND YOU LOSE THE SOCIAL SECURITY CARD, IT WAS ON YOUR CARD, ENTER "LOST" IN THE "OTHER RIGHT COLUMN" OF CARD			
13 BUSINESS NAME AND ADDRESS OF EMPLOYER (IF UNEMPLOYED, WRITE "UNEMPLOYED") (NUMBER AND STREET) (CITY) (STATE) Gilbraiter Household F.o.a. 2202 Flatbush Ave Bklyn 34 NY					
14 TODAY'S DATE 4/8/57		15 SIGN YOUR NAME AS YOU USUALLY WRITE IT. (Do not print) USE BLACK OR DARK BLUE INK Gregory R. Santiago			

240-6255
501-44-6255

URN COMPLETED APPLICATION
EAREST SOCIAL SECURITY
ISTRATION DISTRICT OFFICE

APPLICATION FOR SOCIAL SECURITY ACCOUNT NUMBER
REQUIRED UNDER THE FEDERAL INSURANCE CONTRIBUTIONS ACT
READ INSTRUCTIONS ON BACK BEFORE FILLING IN FORM

091-22-2341

DO NOT WRITE IN THE ABOVE SPACE

FILL IN EACH ITEM. PRINT IN BLACK OR DARK BLUE INK OR USE TYPEWRITER FOR ALL ITEMS EXCEPT SIGNATURE. IF THE INFORMATION CALLED FOR IN A FIELD IS NOT KNOWN, WRITE "UNKNOWN."

1 PRINT NAME YOU GAVE YOUR PRESENT EMPLOYER, OR, IF UNEMPLOYED, THE NAME YOU WILL USE WHEN EMPLOYED		FIRST NAME Gregory		MIDDLE NAME (IF YOU USE NO MIDDLE NAME OR INITIAL, DRAW A LINE)		LAST NAME Roman	
2 MAILING ADDRESS (NO. AND ST., P. O. BOX, OR RFD) (CITY) (ZONE) (STATE) 149 28th St Bklyn 32 NY		3 PRINT FULL NAME GIVEN YOU AT BIRTH Samer					
4 AGE ON LAST BIRTHDAY 24		5 DATE OF BIRTH (MONTH) (DAY) (YEAR) 3/22/32					
6 PLACE OF BIRTH (CITY) (COUNTY) (STATE) Camuy		7 FATHER'S FULL NAME, REGARDLESS OF WHETHER LIVING OR DEAD Jose Roman					
8 MOTHER'S FULL NAME BEFORE EVER MARRIED, REGARDLESS OF WHETHER LIVING OR DEAD Filomena Santiago		9 (MARK (X) WHICH) MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/>					
10 COLOR (MARK (X) WHICH) (IF OTHER, SPECIFY) OR WHITE NEGRO OTHER RACE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		11 HAVE YOU EVER BEFORE APPLIED FOR OR HAD A SOCIAL SECURITY OR RAILROAD RETIREMENT NUMBER? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (MARK (X) WHICH) DON'T KNOW <input type="checkbox"/>					
12 BUSINESS NAME OF EMPLOYER, IF UNEMPLOYED, WRITE "UNEMPLOYED" Gilbrator Co		13 IF ANSWER IS "YES", PRINT THE STATE IN WHICH YOU FIRST APPLIED AND WHEN STATE _____ DATE _____					
14 TODAY'S DATE 3/20/57		15 ALSO PRINT YOUR ACCOUNT NUMBER IF YOU KNOW IT ACCOUNT NUMBER _____					
16 WRITE YOUR NAME AS USUALLY WRITTEN (DO NOT PRINT) Gregory Roman							

Form 1-5 "FEDERAL BUREAU OF INVESTIGATION" INTERNAL REVENUE SERVICE (Revised 7-55)

-5525-9

A-581-40-1055

[illegible]

REPORT OF CONTACT
(Use ink or typewriter)

ACCOUNT NUMBER AND SYMBOL

581-40-6255

REVIEWING OFFICE

NAME OF WAGE EARNER OR SELF-EMPLOYED PERSON

TO: NY P BIR CH KC SF DBS DIO SA

Gregory Roman 85

PERSON(S) CONTACTED AND ADDRESSES

☐ WE OR SE PERSON ☐ OTHER (Specify)

CONTACT MADE:

☐ DO ☐ BO ☐ CS ☐ HOME ☐ PHONE:

☐ OTHER

DATE OF CONTACT

SUBJECT

W/E C.O.P. He verified 1967 and 1969 earnings as correct. He was out of work and in P.R. at that time.

He also stated that 6/71 posting is correct because he was paid last ch. in 6/71 Q. Onset need not be changed.

DO NOT WRITE IN MARGIN

SIGNATURE

DISTRICT OFFICE

345 Adams St.
Brooklyn, N.Y. 11211

☒ CR ☐ FR ☐ SR ☐ CLAIMS CLERICAL

☐ OTHER (Specify)

DATE OF REPORT

2/6/73

PAGE OF

REPORT OF CONTACT
(Use ink or typewriter)

ACCOUNT NUMBER AND SYMBOL

Gregory Roman

REVIEWING OFFICE

NAME OF WAGE EARNER OR SELF-EMPLOYED PERSON

TO: NY P BIR CH KC SF DBS DIO SA

581-40-6255 86

PERSON(S) CONTACTED AND ADDRESSES:

☐ WE OR SE PERSON ☐ OTHER (Specify)

CONTACT MADE:

☐ DO ☐ BO ☐ CS ☐ HOME ☐ PHONE:

☐ OTHER

DATE OF CONTACT

SUBJECT

N/E alleges steady work from 1965 to AOD. We will dev. non-postings on E/R.

We are also dev. 1709 info.

All will be find when complete.

Also will obtain 821

SIGNATURE

[Signature]

DISTRICT OFFICE

345 Adams St.,
Brooklyn, N. Y. 11201

☒ CR ☐ FR ☐ SR ☐ CLAIMS CLERICAL

☐ OTHER (Specify)

DATE OF REPORT

1/31/73

PAGE OF

DO NOT WRITE IN MARGIN



MEDICAL HISTORY AND DISABILITY REPORT

(Please type or print clearly)

PLEASE COMPLETE THIS FORM. COMPLETE ANSWERS WILL AID IN THE PROMPT PROCESSING OF YOUR CLAIM. If you are filing on behalf of someone else, enter his or her name and social security number in the space provided and answer all questions.

NAME OF CLAIMANT

SOCIAL SECURITY NUMBER

Gregory Santiago Roman 581-40-6255

AGE LAST BIRTHDAY

EDUCATION (Highest grade completed)

TRADE SCHOOLS, SERVICE SCHOOLS OR JOB TRAINING

40

6th

NONE

87

WHAT IS CLAIMANT'S ILLNESS OR INJURY?

lower-back tendonitis, high-blood pressure

I.A. When did your illness or injury first bother you?

MONTH, DAY, YEAR

3/10/71

B. When did your illness or injury finally prevent you from working?

MONTH, DAY, YEAR

3/10/71

C. Explain why you stopped working.

I stopped working because my back injury prevented me. I wasn't able to bend.

D. Did you return to work after the date shown in I.B. above?

☐ Yes

☒ No

Answer this question only if the dates in I.A. and B. above are not the same.

E. Before you stopped working, did your illness or injury cause you to change:

Your job or job duties?

☐ Yes

☐ No

Your hours of work?

☐ Yes

☐ No

Your attendance?

☐ Yes

☐ No

(Explain how your condition caused these changes and show the dates the changes were made).

A. List the name, address and telephone number of the doctor who has your latest medical records. If you have no doctor, check here.

Dr. W.C. - Goldstein
AREA CODE AND TELEPHONE NUMBER 212-214-6215 1125
ADDRESS 259-Union Ave
Bklyn N.Y. 11211 88

HOW OFTEN DO YOU SEE HIM? for past 5-6 weeks to present
REASONS FOR VISITS For my back

TYPE OF TREATMENT RECEIVED Pills, X-Rays

B. Have you seen any other doctor since your illness or injury began? ☐ Yes ☒ No
If "Yes," show the following:

NAME ADDRESS
AREA CODE AND TELEPHONE NUMBER

HOW OFTEN DO YOU SEE HIM? DATE YOU FIRST SAW HIM DATE YOU LAST SAW HIM

REASONS FOR VISITS

TYPE OF TREATMENT RECEIVED

If you have seen other doctors since your illness began, list their names, addresses, dates and reasons for visits on Page 5.

C. Have you been hospitalized or treated at a clinic for your illness or injury? ☒ Yes ☐ No
If "Yes," show the following:

NAME OF HOSPITAL OR CLINIC, OR CLINIC NUMBER ADDRESS
Hillside - Long Island City
+ 31236 114th Ave.
E. M. L. N. N.Y.

WERE YOU AN INPATIENT? (STAYED AT LEAST OVERNIGHT) DATES OF ADMISSIONS DATES OF DISCHARGES
☐ Yes ☒ No IF "YES,"

WERE YOU AN OUTPATIENT? DATES OF VISITS
☒ Yes ☐ No IF "YES," 10/23/73, 9/73, 12/04/73

REASON FOR HOSPITALIZATION OR CLINIC VISITS
Tendonitis of back
TYPE OF TREATMENT RECEIVED pills

If you have been in other hospitals or clinics for your illness or injury, list the names, addresses, patient or clinic numbers, dates and reasons for hospitalization or clinic visits on Page 5.

D. Have you been seen by other agencies for your injury or illness? ☒ Yes ☐ No
(VA, Workmen's Compensation, Vocational Rehabilitation, Welfare, etc.)
If "Yes," show the following:

NAME OF AGENCY ADDRESS OF AGENCY
Workmen's Comp. W.C.
YOUR CLAIM NUMBER

DATES OF VISITS

TYPE OF TREATMENT OR EXAMINATION RECEIVED

If more space is needed, list the other agencies, their addresses, your claim numbers, dates, and treatment received on Page 5.

III. Has your doctor told you to restrict your activities in any way? ☒ Yes ☐ No
 If "Yes," give the name of the doctor and state what he told you about restricting your activities.

The Dr. in the clinic said I can't carry anything.

89

IV. Are your home duties, social activities or ability to care for your personal needs limited in any way? ☒ Yes ☐ No
 If "Yes," describe how and why they are limited.

I have to sleep on the floor because of my back. Sometimes my wife has to put on my corset & shoes on, & shave me.

V. List all regular jobs you have had in the last 15 years before you stopped working. (If you are 55 or older, AND have a 6th grade education or less, AND performed only heavy unskilled labor in the last 15 years, list all of the jobs you have had since you began to work. If you need more space, use page 5.)

JOB TITLE	TYPE OF BUSINESS	DATES WORKED (Month and Year)		DAYS PER WEEK	RATE OF PAY (Per hour, day, week, month or year)
		FROM	TO		
Dr. & Cutter	Unsub. Mfg.	1970	3/71	5	152/1.7

VIA. What was your usual job in the 15 years before you stopped working? (Usually this will be the kind of work you did for the longest period of time.)

(JOB TITLE)

B. Describe the duties of your usual job in your own words:

BEST COPY AVAILABLE

(CONTINUES ON TOP OF PAGE 4)

C. Did your usual job involve:

1. The use of machines, tools, or equipment
2. Technical knowledge or special skills
3. Any supervisory responsibilities

<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please Explain All "Yes" Answers.

Please describe the kind and amount of physical activity involved in your job during a typical work day (circle number of hours in a day).

1. WALKING

0 1 2 3 4 5 6 7 8

2. STANDING

0 1 2 3 4 5 6 7 8

3. SITTING

0 1 2 3 4 5 6 7 8

Lifting and carrying (describe what was lifted, how heavy it was, how often it was lifted, and how far it was lifted).

VII. How does your illness or injury now prevent you from performing your usual job duties as described in Item VIB?

BEST COPY AVAILABLE

VIII. Use this section for additional space to answer any previous questions and any additional information that you think will be helpful in making a decision in your disability claim. Please refer to the previous questions by number, such as IIB (other Doctors), V (Other Jobs)

91

W/E often uses
Ramon or Santiago as
last names

Knowing that anyone making a false statement or representation of a material fact for use in determining a right to payment under the Social Security Act commits a crime punishable under Federal Law, I certify that the above statements are true.

NAME (SIGNATURE OF CLAIMANT OR PERSON FILING ON HIS BEHALF)

DATE

11/13/73

N
HERE

Gregory Roman Santiago

FOR SSA USE ONLY—DO NOT WRITE BELOW THIS LINE

NAME OF CLAIMANT

Gregory Santiago Roman

SOCIAL SECURITY NUMBER

581-40-6255

IX.A. Observations

93

Wife was in pain &
had to stand, he also
wore a corset

B. Claimant requires assistance

☒ Yes

☐ No

If "Yes," show name, address, phone number and relationship of interested person.

Robert Pagan - friend
270 49th St.
BRKLYN. N.Y. 11220

439-4677

FOR SSA USE ONLY—DO NOT WRITE BELOW THIS LINE

C. 1. MEDICAL DEVELOPMENT—NON SD

94

SOURCE	DATE REQUESTED	DATE FOLLOW-UP	DATE RECEIVED

2. MEDICAL DEVELOPMENT—SD

SOURCE		CAPABILITY DEVELOPMENT NEEDED: <input type="checkbox"/> YES <input type="checkbox"/> NO
DATE REQUESTED	DATE RECEIVED	<input type="checkbox"/> DO WILL UNDERTAKE <input type="checkbox"/> SA SHOULD UNDERTAKE
SOURCE		CAPABILITY DEVELOPMENT NEEDED: <input type="checkbox"/> YES <input type="checkbox"/> NO
DATE REQUESTED	DATE RECEIVED	<input type="checkbox"/> DO WILL UNDERTAKE <input type="checkbox"/> SA SHOULD UNDERTAKE
SOURCE		CAPABILITY DEVELOPMENT NEEDED: <input type="checkbox"/> YES <input type="checkbox"/> NO
DATE REQUESTED	DATE RECEIVED	<input type="checkbox"/> DO WILL UNDERTAKE <input type="checkbox"/> SA SHOULD UNDERTAKE

D. To DO Interviewer or Reviewer:

- Disregard this item when a reconsideration request is being filed.
- For DO completed form. If any block, D1-D5 is checked by DO interviewer, omit sections III-VII of this form in accordance with CM 6513.9D.
- In reviewing a claimant-completed form, if it appears from the SSA-821, the complete SSA-401 or DO observation that a condition in D1-D5 is present, proceed in accordance with CM 6513.9D.

- ☐ Is now working for more than the SSA earning guideline described in CM 6022(a).
- ☐ Is now in a hospital because of the disabling impairment. (Do not check if on convalescent leave or in a nursing home, or expects to be released from the hospital in the next 2 weeks.)
- ☐ Has lost the complete use of 2 or more limbs.
- ☐ Has lost a leg or a foot because of diabetes or circulatory disease.
- ☐ Is unable to see, even with glasses.
☐ Is unable to hear, even with a hearing aid.
☐ Is unable to speak.

E. SSA-401 TAKEN BY

☒ PERSONAL INTERVIEW

☐ TELEPHONE

☐ MAIL

FORM SUPPLEMENTED

☐ YES

☐ NO

If "Yes," by

☐ PERSONAL INTERVIEW

☐ TELEPHONE

☐ MAIL

F. SIGNATURE OF INTERVIEWER OR REVIEWER

TITLE

DO OR BO

DATE

Nelson David

CR

*Boro
1st A*

11/13/73



MEDICAL HISTORY AND DISABILITY REPORT

(Please type or print clearly)

PLEASE COMPLETE THIS FORM. COMPLETE ANSWERS WILL AID IN THE PROMPT PROCESSING OF YOUR CLAIM. If you are filing on behalf of someone else, enter his or her name and social security number in the space provided and answer all questions.

NAME OF CLAIMANT <i>Gregory Roman</i>		SOCIAL SECURITY NUMBER <i>581-40-6255</i>
AGE LAST BIRTHDAY <i>39</i>	EDUCATION (Highest grade completed) <i>7"</i>	TRADE SCHOOLS, SERVICE SCHOOLS OR JOB TRAINING <i>none (discontinues)</i> <i>95</i>

WHAT IS CLAIMANT'S ILLNESS OR INJURY?

back injury

I.A. When did your illness or injury first bother you?

MONTH, DAY, YEAR
1969 1971

B. When did your illness or injury finally prevent you from working? ..

MONTH, DAY, YEAR
3/10/79

C. Explain why you stopped working.

I must be noted that I suffered a fall and injured my back once in 1965 and then 3/10/79. After the first injury I went back to my regular work within 2 years. I slipped on a rope we use to tie garbage cans and hurt my back. This is a second injury and has made me permanently disabled.

D. Did you return to work after the date shown in I.B. above?

☐ Yes ☒ No

Answer this question only if the dates in I.A. and B. above are not the same.

E. Before you stopped working, did your illness or injury cause you to change:

Your job or job duties?

☐ Yes ☐ No

Your hours of work?

☐ Yes ☐ No

Your attendance?

☐ Yes ☐ No

(Explain how your condition caused these changes and show the dates the changes were made).

List the name, address, and telephone number of the doctor who has your latest medical record. If no doctor checked there

NAME: <i>Dr. Paul Post</i>		ADDRESS: <i>310 Livingston Ave</i>
AREA CODE AND TELEPHONE NUMBER: <i>212 867-6740</i>		City: <i>NYC</i> State: <i>96</i>
HOW OFTEN DO YOU SEE HIM? <i>weekly</i>	DATE YOU FIRST SAW HIM: <i>1970</i>	DATE YOU LAST SAW HIM: <i>12/72</i>
REASONS FOR VISITS: <i>back</i>		

TYPE OF TREATMENT RECEIVED:

heat treatments

B. Have you seen any other doctor since your illness or injury began? ☒ Yes ☐ No
If "Yes," show the following:

NAME: <i>Dr. Rojas</i>		ADDRESS: <i>471 53rd St</i>
AREA CODE AND TELEPHONE NUMBER: <i>212 492-4109</i>		City: <i>Manhattan NYC</i>
HOW OFTEN DO YOU SEE HIM?	DATE YOU FIRST SAW HIM:	DATE YOU LAST SAW HIM: <i>1970</i>
REASONS FOR VISITS: <i>back</i>		

TYPE OF TREATMENT RECEIVED:

went to operate

If you have seen other doctors since your illness began, list their names, addresses, dates and reasons for visits on Page 5.

C. Have you been hospitalized or treated at a clinic for your illness or injury? ☐ Yes ☒ No
If "Yes," show the following:

NAME OF HOSPITAL OR CLINIC: <i>Manhattan Hospital</i>		PATIENT OR CLINIC NUMBER:	
WERE YOU AN INPATIENT? (STAYED AT LEAST OVERNIGHT)		DATE OF ADMISSION:	DATE OF DISCHARGE:
<input type="checkbox"/> Yes <input type="checkbox"/> No			
WERE YOU AN OUTPATIENT?		DATE OF VISIT:	
<input type="checkbox"/> Yes <input type="checkbox"/> No			
REASONS FOR HOSPITALIZATION OR CLINIC VISITS:			
TYPE OF TREATMENT RECEIVED:			

If you have been in other hospitals or clinics for your illness or injury, list the names, addresses, patient or clinic numbers, dates and reasons for hospitalization or clinic visits on Page 5.

D. Have you been seen by other agencies for your illness or injury? ☒ Yes ☐ No
(VA, Workmen's Compensation, Vocational Rehabilitation, Welfare, etc.)
If "Yes," show the following:

NAME OF AGENCY: <i>Workmen's Comp.</i>		ADDRESS OF AGENCY: <i>50 Park Place</i>
YOUR CLAIM NUMBER: <i>213828-16</i>		City: <i>NYC</i>
DATES OF VISITS:		

TYPE OF TREATMENT OR EXAMINATION RECEIVED:

III. Has your doctor ever restricted your activities in any way? ☐ Yes ☐ No
 If "Yes," describe how and why they are limited.

No special diet - pain killers - no other 97
 instructions.

IV. Are your home duties, social activities or ability to care for your personal needs limited in any way? ☒ Yes ☐ No
 If "Yes," describe how and why they are limited.

My right side gets numb; I cannot stay in one position for any length of time. I can do nothing at home. I have pain especially when I get up in the morning.

V. List all regular jobs you have had in the last 15 years before you stopped working. (If you are 55 or older, AND have a 6th grade education or less, AND performed only heavy unskilled labor in the last 15 years, list all of the jobs you have had since you began to work. If you need more space, use page 2.)

DATE OF WORK	DAYS WORKED (Mo. & Year)	DAYS IN WEEK	RATE OF PAY (Per Mo. or Year)
cutter	factory	16 years	5 160/wk

VIA. What was your usual job in the 15 years before you stopped working? (Usually this will be the kind of work you did for the longest period of time.)

drop cutter

B. Describe the duties of your usual job in your own words.

I cut anything, trimmings, undergarments, coat, dresses etc.

Sometimes someone will bring material. You must spread the material and then cut it. I had to put hole in it, carry it to another table.

VIII. Use this section for additional space to answer any previous questions and any additional information that you think will be helpful in making a decision in your disability claim. Please refer to the previous questions by number, such as IIB (other Doctors), V (Other Jobs)

Dr. Cotifani Acleofani

99

435 450 75" 5+

Billyw ne

next treatments

1970

833 - 1808

Knowing that anyone making a false statement or representation of a material fact for use in determining a right to payment under the Social Security Act commits a crime punishable under Federal Law, I certify that the above statements are true.

SIGNATURE OF CLAIMANT OR PERSON FILING ON HIS BEHALF

DATE

SIGN
HERE

Gregory Roman Sventitsky

1/10/73

FOR SSA USE ONLY—DO NOT WRITE BELOW THIS LINE

NAME OF CLAIMANT

SOCIAL SECURITY NUMBER

Gregory Roman

581-40-6255 **101**

IX.A. Observations

*atc found it difficult to
remain seated. Several
times he stood up during interview
evidently by feet asleep.*

B. Claimant requires assistance
If "Yes," show name, address, phone number and relationship of interested
person.

☐ Yes

☒ No

FOR SSA USE ONLY—DO NOT WRITE BELOW THIS LINE

1. MEDICAL DEVELOPMENT—NON SD

102

SOURCE	DATE REQUESTED	DATE FOLLOW-UP	DATE RECEIVED

2. MEDICAL DEVELOPMENT—SD

SOURCE		CAPABILITY DEVELOPMENT NEEDED:
		<input type="checkbox"/> YES <input type="checkbox"/> NO
DATE REQUESTED	DATE RECEIVED	<input type="checkbox"/> DO WILL UNDERTAKE
		<input type="checkbox"/> SA SHOULD UNDERTAKE
SOURCE		CAPABILITY DEVELOPMENT NEEDED:
		<input type="checkbox"/> YES <input type="checkbox"/> NO
DATE REQUESTED	DATE RECEIVED	<input type="checkbox"/> DO WILL UNDERTAKE
		<input type="checkbox"/> SA SHOULD UNDERTAKE
SOURCE		CAPABILITY DEVELOPMENT NEEDED:
		<input type="checkbox"/> YES <input type="checkbox"/> NO
DATE REQUESTED	DATE RECEIVED	<input type="checkbox"/> DO WILL UNDERTAKE
		<input type="checkbox"/> SA SHOULD UNDERTAKE

D. To DO Interviewer or Reviewer:

- Disregard this item when a reconsideration request is being filed.
- For DO completed form.
If any block, D1-D5 is checked by DO interviewer, omit sections III-VII of this form in accordance with CM 6513.9D.
- In reviewing a claimant-completed form, if it appears from the SSA-821, the complete SSA-401 or DO observation that a condition in D1-D5 is present, proceed in accordance with CM 6513.9D.

- ☐ Is now working for more than the SGA earnings guideline described in CM 6403(a).
- ☐ Is now in a hospital because of the disabling impairment. (Do not check if on convalescent leave or in a nursing home, or expects to be released from the hospital in the next 2 weeks.)
- ☐ Has lost the complete use of 2 or more limbs.
- ☐ Has lost a leg or a foot because of diabetes or circulatory disease.
- ☐ Is unable to see, even with glasses.
☐ Is unable to hear, even with a hearing aid.
☐ Is unable to speak.

E. SSA-401 TAKEN BY

- ☒ PERSONAL INTERVIEW
☐ TELEPHONE ☐ MAIL

FORM SUPPLEMENTED

☐ YES ☐ NO

If "Yes," by

- ☐ PERSONAL INTERVIEW ☐ TELEPHONE ☐ MAIL

F. SIGNATURE OF INTERVIEWER OR REVIEWER

TITLE

DO OR BO

DATE

Chen

CA

*Bow
Hall*

1/10/73

cut along dotted line

REPORT OF CONTACT
(Use ink or typewriter)

ACCOUNT NUMBER AND SYMBOL

581-40-6255

103

REVIEWING OFFICE

TO: NY P BIR CH KC SF DBS DIO SA

NAME OF WAGE EARNER OR SELF-EMPLOYED PERSON

Gregory Roman - Santiago

PERSON(S) CONTACTED AND ADDRESSES:

☒ WE OR SE PERSON ☐ OTHER (Specify)

friend Mr. Pagan (Roberto)

CONTACT MADE:

☐ DO ☐ BO ☐ CS ☐ HOME ☒ PHONE: In ☐ OTHER

DATE OF CONTACT

5/24/74

SUBJECT

purpose: to answer call-in SARTIS letter

facts: Claimant's friend said claimant has excruciating back pain, and has difficulty going to the bathroom, has swelling of his hands in the morning. Claimant still feels he's disabled. I explained our procedures, and advised him he would receive a letter, which would explain hearing procedure.

J.A. Dictate determination

SIGNATURE

J. F. McDermott

STRUCT. OFFICER'S DEPT. OF SOCIAL SERVICES

Bureau of Disability Determinations

☐ CR ☐ FR ☐ SR ☐ CLAIMS CLERICAL
DISABILITY EXAMINER
☐ OTHER (Specify)

DATE OF REPORT

5/24/74

PAGE OF

DO NOT WRITE IN MARGIN

RECON

FORM APPROVED
BUDGET BUREAU 72R523.5

DISABILITY DETERMINATION AND TRANSMITTAL				1. FOLDER TO: BDI <input type="checkbox"/> SA 104 DIO <input type="checkbox"/>		2. DATE APP'D. 1/10/73	
3. W E (If Auxiliary Filing) <input type="checkbox"/> RSI <input type="checkbox"/> W/E <input type="checkbox"/> DIB <input type="checkbox"/> W/E <input type="checkbox"/>				4. SOCIAL SECURITY NUMBER 581-40-6255			
5. NAME AND ADDRESS OF CLAIMANT Gregory Robert Santiago 266 50 Street Brooklyn, New York 11220				6. DB 3/12/33		7. SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	
				8. RACE <input checked="" type="checkbox"/> W <input type="checkbox"/> N <input type="checkbox"/> O		9. AOD 3/10/71	
				10. AT AGE 38			
11. CLAIM FOR FREEZE <input type="checkbox"/> DIB <input checked="" type="checkbox"/> CHILD <input type="checkbox"/> DWS <input type="checkbox"/>				12. FAMILY STATUS MAR. <input checked="" type="checkbox"/> SG. <input type="checkbox"/> NO. CHILDREN (UNDER 18) 04		13. QC REQ. LAST MET 9/30/75 <input type="checkbox"/> SI <input type="checkbox"/>	
14. <input type="checkbox"/> W E DOES NOT MEET QC REQ. A. <input type="checkbox"/> DIS. BDI REVIEW B. <input type="checkbox"/> SINCE LAST DET.				15. PREV. DENIED OR TERM. <input checked="" type="checkbox"/>		16. NON-DIS. DEV. IN PROGRESS <input type="checkbox"/>	
17. MED. DEV. DEF. <input type="checkbox"/>							
18. S A CODE 330		19. STATE New York		20. DISTRICT OFFICE ADDRESS 345 Adams Street Brooklyn, New York 11201		DO CODE 106 RO CODE 21	
21. DO/BO REPRESENTATIVE				23. REMARKS Rec'd SA 2/21/74, None,			
22. DATE OF TRANSMITTAL				TELEPHONE NO.: _____ PRESCRIBED PERIOD: Beginning _____ Ending _____			
PURSUANT TO PROVISIONS OF SEC. 221 OF SOCIAL SECURITY ACT, IT IS DETERMINED THAT THE CLAIMANT:							
24. <input type="checkbox"/> HAS BEEN UNDER A DISAB. SINCE		25. <input type="checkbox"/> WAS UNDER A DISAB. A. DATE FROM _____ B. TO _____		26. <input type="checkbox"/> WAS NOT UNDER A DISAB. ON OR BEFORE (Date) _____		29. DIAGNOSIS EARLY OSTEOARTHRITIS OF LUMBAR SPINE	
27. <input checked="" type="checkbox"/> WAS NOT UNDER A DISAB.		28. CASE OF BLINDNESS AS DEFINED IN SEC. 216(i) A. <input type="checkbox"/> NOT UNDER A DISAB. FOR CASH BENE. PURP. B. <input type="checkbox"/> UNDER A DISAB. FOR CASH BENE. PURP. SINCE				30. MOB CODE G	
31. VOCATIONAL BACKGROUND (Occupation) DRESS CUTTER - GARMENT INDUSTRY						OCC. YEARS 16 EDUC. YEARS 7	
32. BASIS OF DETERMINATION RFG-B IS CODE H1-1502(1)				LISTI _____			

☒ CONTINUED ON ATTACHED SHEET (Use SSA-834)

33. REC. RE-EXAM <input type="checkbox"/> NONE <input type="checkbox"/> (Date) _____ <input type="checkbox"/> MCSP		34. DISABILITY EXAMINER'S A J. J. McDermott		35. DATE 5/29/74		36. REVIEW PHYSICIAN SA S. J. Green		37. DATE 5/31	
38. <input type="checkbox"/> CHILD'S DISABILITY BEGAN BEFORE AGE 18 AND CONTINUES <input type="checkbox"/> CHILD NOT UNDER A DISABILITY WHICH BEGAN BEFORE AGE 18		39. <input checked="" type="checkbox"/> W/E MEETS QC REQ. IN 3/71 QTR. <input type="checkbox"/> W/E DOES NOT MEET QC REQ. HAS _____ OF _____ QTRS. FOR AOD ENDING _____		40. A PERIOD OF DISABILITY IS <input type="checkbox"/> ESTABLISHED FROM _____ TO _____ <input checked="" type="checkbox"/> NOT ESTABLISHED					
41. REMARKS Revised determination dated 2/22/73 X REF AMN 89132-2341									
42. RE-EXAM REQ.		43. DISABILITY EXAMINER		44. DATE		45. DISABILITY EXAMINER J. J. McDermott		46. DATE 7/3/74	
47. <input type="checkbox"/> BDI <input type="checkbox"/> PC		48. LTR FILE NO. 681		49. PRIOR ACT. <input type="checkbox"/> PD <input type="checkbox"/> PT <input checked="" type="checkbox"/> REVISED		50. BASIS CODE H1		51. A OR D CODE	
				52. RETURN CODE		53. CAT. <input type="checkbox"/> W <input type="checkbox"/> DIB <input type="checkbox"/> OFF <input type="checkbox"/> CH <input type="checkbox"/> FE		54. SPECIAL CODE VA	
55. LIST NO. 415									

FORM SSA-831 (7-72)

BEST COPY AVAILABLE

1-FOLDER COPY

830

Exhibit No. 830

CONTINUATION SHEET
FOR DISABILITY DETERMINATION

JMcD:epp RCH-4

NOTE---Use this form only when necessary for continuation of rationale of "DISABILITY DETERMINATION" or "CESSATION OR CONTINUANCE OF DISABILITY".

NAME OF DISABLED INDIVIDUAL	NAME OF WAGE EARNER (IF AUXILIARY FILING)	SOCIAL SECURITY NUMBER
Gregory Roman-Santiago		581-40-6255 105

Irwin Nelson, M.D. - Consultative Examining Orthopedist -
Report of 5/13/74.

This Determination incorporates by reference the
decision of 3/5/73.

Medical evidence gives a diagnosis of early osteo-
arthritis of the lumbar spine. There are no neurological,
sensory, motor or reflex abnormalities associates with this.
There is no limitation of motion of the back or restriction
in the neck. Clinical findings do not substantiate a severe
impairment. Therefore, it is determined that this claim
for reconsideration must be denied.

(INITIAL AND DATE)

DISABILITY EXAMINER SA	DATE	REVIEW PHYSICIAN SA	DATE	DISABILITY EXAMINER SD	DATE	DISABILITY EXAMINER SD	DATE
JH-McD	5/29/74	SIL	530			AD	7/3/74

CONTINUED ON ATTACHED SHEET (Use SSA-834)										(RELEASE DATE OF FOLDER TO BDI/PC)									
33. REC. RE EXAM <input type="checkbox"/> NONE <input type="checkbox"/> _____ Date: _____ -OSP		34. DISABILITY EXAMINER SA <i>U. Conde</i>				35. DATE <i>4/5/73</i>		36. REVIEW PHYSICIAN SA <i>[Signature]</i>				37. DATE <i>2/6/73</i>							
38. <input type="checkbox"/> CHILD'S DISABILITY BEGAN BEFORE AGE 18 AND CONTINUES. <input type="checkbox"/> CHILD NOT UNDER A DISABILITY WHICH BEGAN BEFORE AGE 18.				39. <input type="checkbox"/> W/E MEETS QC REG. IN _____ QTR. <input type="checkbox"/> W/E DOES NOT MEET QC REG. HAS _____ OF _____ QTRS. FOR AGO ENDING _____				40. A PERIOD OF DISABILITY IS <input type="checkbox"/> ESTABLISHED FROM _____ TO _____ <input checked="" type="checkbox"/> NOT ESTABLISHED											
41. REMARKS <i>revised determination dated 1/3/74</i>												<input type="checkbox"/> VR REFERRAL							
												VR REFERRAL							
42. RE EXAM REQ		43. DISABILITY EXAMINER				44. DATE		45. DISABILITY EXAMINER				46. DATE <i>9/29/73</i>							
47. <input type="checkbox"/> BO <input type="checkbox"/> PC		48. LTR PAR NO <i>508.1(9/30/75) F 823</i>		49. PRIOR ACT. <input type="checkbox"/> PD <input type="checkbox"/> PT <input type="checkbox"/> REVISED		50. BASIS CODE		51. A OR D CODE		52. RETURN CODE R.		53. CAT <input type="checkbox"/> W <input type="checkbox"/> DIB <input type="checkbox"/> OSF <input type="checkbox"/> CN <input type="checkbox"/> FR		54. SPECIAL CODE <input type="checkbox"/> VA <input type="checkbox"/> VAD					
												55. CAT NO							

CONTINUATION SHEET
FOR DISABILITY DETERMINATION

AC:eh 12

107

NOTE.—Use this form only when necessary for continuation of item 32 of "DISABILITY DETERMINATION" or "CESSATION OR CONTINUANCE OF DISABILITY".

NAME OF DISABLED INDIVIDUAL	NAME OF WAGE EARNER (IF AUXILIARY FILING)	SOCIAL SECURITY NUMBER
Gregorio Roman-Santiago		581-40-6255

Dr. Paul Post, Orthopedist--report of 1/19/73.

The claimant has a lumbosacral derangement. Claimant has pain and nagging low backache. There is no atrophy of neurological abnormalities. X-ray of the claimant's back was negative. The claimant has motion limitation in all directions. Since the medical evidence indicates that the claimant can perform the duties of his customary job as a dress cutter such as walking, standing, and lifting, the claim is denied.

(INITIAL AND DATE)

DISABILITY EXAMINER SA	DATE	REVIEW PHYSICIAN SA	DATE	DISABILITY EXAMINER BDI	DATE	DISABILITY EXAMINER BDI	DATE
A. C. 4-2	7/5/73	P. Post	7/6/73				



REQUEST FOR WORKMEN'S COMPENSATION INFORMATION

The Social Security Administration needs the information requested on the reverse side of this form to process a claim for social security benefits for the employee named below.

108

I. IDENTIFICATION OF EMPLOYEE (To be completed by Social Security Administration)

TO:

GREATER NY INSURANCE GROUP
770 BROADWAY
NEW YORK NY 10003

REQUESTING OFFICE

SIGNATURE OF SSA OFFICIAL

TITLE

DATE

1. NAME OF EMPLOYEE

GREGORY ROMAN

4. WORKMEN'S COMPENSATION CLAIM NUMBER

21382P-16 A

2. SOCIAL SECURITY NUMBER

581-40-6255

b. DATE OF INJURY (or onset of disease)

3/10/69

3. ADDRESS OF EMPLOYEE

266 50TH STREET
BROOKLYN NY 11226

5. EMPLOYER'S NAME AND ADDRESS

GOLD SEAL CO
881 BROADWAY
NY NY

INSTRUCTIONS FOR WORKMEN'S COMPENSATION AGENCY OR INSURANCE CARRIER OFFICIAL

A. IF EMPLOYEE HAS BEEN AWARDED WORKMEN'S COMPENSATION PAYMENTS...

- Complete items on reverse of this form. If no payment has been made, give reasons under "Remarks." The amount shown in items 7 and 9 should reflect only payments made to the worker. Include payments to him on behalf of dependents, but not payments made directly to dependents. Return top copy to the address shown below.
- Keep second copy and use it to notify the Social Security Administration of any change in the employee's rate, or if award is appealed, that payments have begun.

B. IF EMPLOYEE HAS FILED FOR WORKMEN'S COMPENSATION, BUT HAS RECEIVED NO PAYMENT BECAUSE FINAL DECISION HAS NOT YET BEEN MADE ON CLAIM OR BECAUSE CLAIM WAS DENIED...

- Check "No" in items 6 and 8, answer item 11 and return the top copy to the address shown below.
- Keep second copy and use it to notify the Social Security Administration when a decision has been made.

C. IF EMPLOYEE HAS NOT YET FILED A CLAIM FOR WORKMEN'S COMPENSATION...

- Complete items 6, 8, and 11 on reverse and return top copy to the address shown below.
- Keep second copy and use it to notify the Social Security Administration if an award is ever made to this worker.

RETURN TO:

SOCIAL SECURITY ADMINISTRATION

INFORMATION REQUESTED (To be completed by Workmen's Compensation Agency or Insurance Carrier Official)

6. Has the employee ever been awarded periodic Workmen's Compensation payments (including payments for injuries other than that shown on the reverse)? **109**

☐ Yes (If "Yes," complete item 7)

☐ No (If "No," go on to item 8)

73 APR 10 NY 3:28

7. a. PERIODIC PAYMENTS TO WORKER

DATE AWARDED	DATE BEGAN	DATE ENDED (or expected to end)	WEEKLY AMOUNT (Do not include payments made directly to dependents)	ATTORNEY FEES AND RELATED EXPENSES AUTHORIZED	TYPE OF AWARD (Check appropriate block)			
					TEMPORARY		PERMANENT	
					PARTIAL	TOTAL	PARTIAL	TOTAL

b. Most recent payments stopped because (check appropriate block)

☐ Employee returned to work

☐ Employee paid up to State limit

☐ Permanent rating pending

☐ Award appealed

☐ Other (Specify below)

8. Has the employee been awarded a lump-sum Workmen's Compensation settlement? (Include compromise and release) ☐ Yes (If "Yes," complete item 9) ☐ No (If "No," go on to item 11)

9. LUMP-SUM PAYMENT

a. Date of award(s)

b. Gross amount(s) \$

c. Represents settlement(s) at

\$ per week, for weeks beginning

d. Payment includes:

i. Present and past medical expenses

\$

ii. Future medical expenses

\$

iii. Attorney fees and related expenses

\$

e. Type of Award (Check appropriate block)

Temporary: ☐ Partial ☐ Total
Permanent: ☐ Partial ☐ Total

f. Worker's average weekly wage \$ 154.37

\$

10. a. Date of injury(ies) shown on agency or carrier records: 3/10/71

b. Workmen's Compensation

Claim Number(s): waf 0712 0688

11. Does employee have an appeal pending?

☒ Yes

☐ No

REMARKS
We have deposited money as Treasury Santiago v. 55-488 to the State of New York
Payment has been paid a total of \$ 5926.04 to 12/73 as follows:
Temporary total 3/10/71 to 4/19/71 (4 weeks @ 95.00 = \$ 665.00
" Partial 4/19/71 to 11/17/71 (28 1/2 " @ 80.00 = \$ 2304.00
" " 11/17/71 to 1/2/73 (58 1/2 " @ 50.80 = \$ 2987.04

SIGNATURE OF PERSON COMPLETING FORM

TELEPHONE NO.

617-9600

DATE

3/20/73

2027

NEW YORK STATE WORKMEN'S COMPENSATION BOARD

ATTENDING PHYSICIAN'S
SUPPLEMENTARY REPORT

Enter "X" to Show Type of Report: ☐ 15-DAY REPORT ☐ PROGRESS REPORT ☒ FINAL REPORT **110**

PLEASE PRINT OR TYPE - INCLUDE ZIP CODE IN ALL ADDRESSES - CLAIMANT'S SS # MUST BE ENTERED BELOW

WCB CASE NO. (If Known)	CARRIER CASE NO. (If Known)	DATE OF INJURY AND TIME	ADDRESS WHERE INJURY OCCURRED (City, Town or Village)	SOCIAL SECURITY NUMBER
02130600	213-818-A	3-11-73	AGE	
INJURED PERSON				
GREGORIO SANTIAGO, Brooklyn, New York				
EMPLOYER				
Gold Seal Carter Co.				
INSURANCE CARRIER				

ANSWER ALL QUESTIONS. AVOID USE OF INDEFINITE TERMS SUCH AS "UNKNOWN," "I," ETC.

HISTORY

1. Have you filed Form C-48, or other report, setting forth history? ☐ YES ☒ NO

(a) State how injury occurred and give source of this information. (If claim is for occupational disease, include occupational history and date of onset of related symptoms.)

(b) Was patient previously under the care of another physician for this injury? ☒ YES ☐ NO

2. Is there any history or evidence of pre-existing injury, disease or physical impairment? ☐ YES ☒ NO

DIAGNOSIS

3. Present condition (include diagnosis, subjective complaints, objective findings, and any change of condition since last report. If patient was hospitalized since last report, so state and give name and address of hospital).

LAST seen on 2-14-73 complained of severe pain with cold weather. Muscle spasms and tenderness present with trunk motion restriction. NLR 4+ guarded bilaterally.

TREATMENT

Nature of treatment

Conservative

Date of your most recent treatment: 2-14-73

Are you continuing treatment? ☐ YES ☒ NO

If treatment is continuing, estimate its probable duration.

If it has terminated, indicate reason.

DISABILITY

5. May the injury result in permanent restriction, total or partial loss of function of a part or member, or permanent facial, head or neck disfigurement? ☒ YES ☐ NO

If "Yes," describe:

6. On what dates do you think patient was or will be able to:

(a) Resume limited work of any kind? ☐ YES ☒ NO

(b) Resume his regular work? ☐ YES ☒ NO

7. If patient is unable to do his regular work, but can do limited work, specify his work limitations due to this injury.

CAUSAL RELATION

8. In your opinion, was the occurrence described above (or in your previous report which gave this information) the competent producing cause of the injury and disability (if any) sustained? ☐ YES ☒ NO

9. Is rehabilitation treatment or services or evaluation therefor advised? ☐ YES ☒ NO

REMARKS

10. Enter here additional information of value, requests for authorization, etc.

BEST COPY AVAILABLE

REMARKS

11. Enter here additional information of value, requests for authorization, etc.

Dated: 3-26-73

WCB Rating Code: 02

Typed or Printed Name of Attending Physician: Paul J. ...

WCB Authorization No.: 110671

Address: 30 ...

Signature of Attending Physician: [Signature]

ANSWER ALL QUESTIONS. AVOID USE OF INDEFINITE TERMS.

See Reverse Side

C-4 (10-71)

REPORT OF MEDICAL EXAMINATION

W.C.B. CASE NO. 07120685

SOCIAL SECURITY NUMBER

CLAIMANT Gregory Santiago c/o Matilda Roman

111

EMPLOYER

STATE OF NEW YORK
N.Y. County

SS

Dr. Simon

being duly sworn deposes and says that he is a Physician, duly licensed in the State of New York; that he is a Compensation Examining (Physician), (Ophthalmologist) of the New York State Workmen's Compensation Board; that he has this day examined the claimant named above and makes the following report and findings thereon:

CLASSIFICATION

Classification being considered at the request of the Referee.

Folder indicates the claimant received a lump sum for the back on May 23, 1967. In the accident of 3-10-71, he injured his back, neck and the left ankle.

The claimant states he has pain in the mid back and the left leg.

Examination the claimant does not wear low back support. He has a normal gait and can walk on his heels and toes. There is tenderness of the mid dorsal area. There is spasm of the paravertebral muscles on the right. Movements of the head and neck are not restricted. Pain develops in the mid back. Trunk movements are restricted. Fingers reach to the knees. Straight leg raising is restricted on both sides. There is hypalgesia of the left lower leg on the lateral side. Toe movements are active. There is 1/2" atrophy of the left thigh and calf. There is no hernia. There is a very mild defect of lateral motion of the left foot.

The claimant has a permanent partial disability.

57

Subscribed and sworn to before me

this 11-20-72 day of 19

Authorized under Sec. 142, Subd. 3, of the Workmen's Compensation Law.

This report was dictated under oath in the minutes of

(Date)

C-71

C-71

C-71

C-71

C-71

REST

CLAIMANT Gregory Entis

EMPLOYER

STATE OF NEW YORK
NY County

SS Dr. Tison

SOCIAL SECURITY NUMBER

112

being duly sworn deposes and says that he is a Physician, duly licensed in the State of New York, that he is a Compensation Examining (Physician), (Ophthalmologist) of the New York State Workmen's Compensation Board, that he has this day examined the claimant named above and makes the following report and findings thereon:

Claimant states he has pain in the middle of the back, left arm and left foot.

Examination: claimant removes a ~~back~~ back support when he undresses. Claimant walks without a limp and can perform heel and toe walking. Contour of the spine is normal. There is tenderness in the thoracolumbar area with spasm of the right paravertebral muscles. Movements of the head and neck are painless and unrestricted. Movements of the trunk are restricted. Fingers reach to the knees. Straight leg raising is slightly restricted, on the left. There is 3/4" atrophy of the left calf. There is no loss of sensation. Knee and ankle reflexes are present and equal. There is no hernia. Patrick's and Lasague's signs are negative.

There is no restricted motion for the left leg or left arm.

Claimant has a partial disability.

Treatment is indicated.

Subscribed and sworn to before me

this 12 day of July, 1972

Authorized Under Sec. 142, Subd. 3,
of the Workmen's Compensation Law.

This report was dictated under oath in the minutes of _____ (Date)

Charles Tison
(Signature of [Physician] [Ophthalmologist])

C-71

C-71

C-71

C-71

C-71

RES

STATE OF NEW YORK WORKMEN'S COMPENSATION BOARD

ATTENDING PHYSICIAN'S
SUPPLEMENTARY REPORT

Enter "X" to Show Type of Report: ☐ 15-DAY REPORT ☐ PROGRESS REPORT ☐ FINAL REPORT 113

PLEASE PRINT OR TYPE — INCLUDE ZIP CODE IN ALL ADDRESSES — CLAIMANT'S SS # MUST BE ENTERED BELOW

WCS CASE NO. (If Known)	CARRIER CASE NO. (If Known)	DATE OF INJURY AND TIME	ADDRESS WHERE INJURY OCCURRED (City, Town or Village)	SOCIAL SECURITY NUMBER
07120688	213828 A	3-11-72		
INJURED PERSON	NAME Gregorio Santiago	AGE 30	ADDRESS Brooklyn, New York	
EMPLOYER	Gold Seal Carter Co.			
INSURANCE CARRIER	Carter New York 770 Broadway, NYC			

ANSWER ALL QUESTIONS. AVOID USE OF INDEFINITE TERMS SUCH AS "UNKNOWN," "I," "E," ETC.

1. Have you filed Form C-48, or other report, setting forth history? ☐ YES ☐ NO If "Yes," answer 1 (a) and (b) below.

(a) State how injury occurred and give source of this information. (If claim is for occupational disease, include occupational history and date of onset of related symptoms).

(b) Was patient previously under the care of another physician for this injury? ☐ YES ☐ NO If "Yes," enter his name and address, and reason for transfer under "Remarks" (Item 10).

2. Is there any history or evidence of pre-existing injury, disease or physical impairment? ☒ YES ☐ NO If "Yes," describe specifically:

3. Present condition (include diagnosis, subjective complaints, objective findings, and any change of condition since last report. If patient was hospitalized, state last report, so state and give name and address of hospital).

Patient seen last on 5-17-72, ankle improved, intermittent neck pain particularly with changes in the weather. nagging low back ache persists with intermittent radiation left lower extremity. Exam-grades extremes of neck motion. Trunk motion restricted on forward flexion, tender L4-S1. Straight leg raising guarded left.

Nature of treatment:

Date of your first treatment: 4-16-72 Date of your most recent treatment: 5-17-72 Are you continuing treatment? ☒ YES ☐ NO

If treatment is continuing, estimate its probable duration.

If it has terminated, indicate reason.

5. May the injury result in permanent restriction, total or partial loss of function of a part or member, or permanent facial, head or neck disfigurement? ☐ YES ☐ NO

If "Yes," describe: ?

6. On what dates do you think patient was or will be able to:

(a) Resume limited work of any kind? (b) Resume his regular work? ☐ YES ☐ NO

Date: 5-17-72

7. If patient is totally disabled, specify his work limitations due to this injury.

8. In your opinion, was the occurrence described above (or in y. 4 previous report which gave this information) the competent producing cause of the injury and disability (if any) sustained? ☐ YES ☐ NO

9. Is rehabilitation treatment or services or evaluation thereto advised? ☐ YES ☐ NO Explain:

10. Enter here additional information of value, requests for authorization, etc.

Dated: 5-30-72 Typed or Printed Name of Attending Physician: PAUL PORT, M.D. Address: 310 Lexington Ave., NYC

WCS Billing Code: 310674 WCB Authorization No. Telephone No.: 4657740 Written Signature of Attending Physician: [Signature]

ANSWER ALL QUESTIONS. AVOID USE OF INDEFINITE TERMS.

C-4 (10-71)

DETACH BEFORE DEPOSITING

PLEASE CASH WITHIN 30 DAYS

TO THE ORDER OF	FROM	DATE	AMOUNT	PAY TO THE ORDER OF	CASH	STAMP
WC 213028-16	A 12/19/73	1/2/75	2	Gregory Santiago-126	100	0

Less atty. fee.

PLEASE DETACH THIS STUB BEFORE DEPOSITING

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BEST COPY AVAILABLE

3 JAN 22 11 13 45

115

Claimant Gregory Roman-Santiago

A/N 581-40-6255

1. Diagnosis. *Lumbo sacral elongement*
2. Dates of treatment. *4/15/71 through present 14 months*
3. Symptoms. *pains nagging low back ache*
4. Clinical findings:
 - a. Describe all joints showing defects in motion.
 - b. Give remaining degrees of motion in the spine:
motion restricted in all directions.

Flexion	Extension
Right Lateral	Left Lateral
 - c. Describe location and severity of any atrophy noted. *none*
 - d. Discuss pain in regard to location, frequency, duration, and treatment to which it responds. If pain is intractable, is it consistent with severity of clinical findings? *Rx physiotherapy, muscle relaxants, analgesics*
 - e. Comment in sufficient detail as to the extent to which the claimant is able to perform activities such as weight-bearing, walking, bending, stooping, standing, lifting (approximate weight); as well as capacity for mild, moderate, or heavy exertion. Describe severity in detail of any symptoms suffered in performing the above activities. *may do light work, not involving above listed*
 - f. Are there any sensory, motor, or reflex abnormalities? If yes, please describe fully. *no*

Enclosed is a copy of the patient's release.

Thank you for your cooperation.
may work with his tolerance

Signature

Date 1/19/23

☐ Over Please

AC:sf 12 G 733 D1/15 1/16

State of New York - Department of Social Services
Bureau of Disability Determinations
110 William Street, New York, N.Y. 10038

Exhibit No. 1

DR. RAYMOND B. GOLDSTEIN
259 UNION AVENUE
BROOKLYN, N. Y. 11211
EVERGREEN 4-6125

116

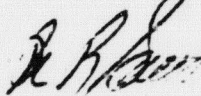
11/22/74

Re: Gregory Santiago
266 50th St.
Bklyn, N.Y.
SS#581-40-6255

To Whom This May Concern:

) Please note that the above captioned patient was seen in my office on 10/12/73 and again on 10/11/74 and also please note a letter dated 11/16/73 stating the findings and results of searching his file, a photo-copy of which is herewith enclosed for your perusal.

Respectfully yours,



Dr. R. B. Goldstein

RBG:pr

RECEIVED

DEC 16 1974

175 Remsen Street
Brooklyn, New York 11201

Exhibit No.

13 (2pp)

DR. RAYMOND B. GOLDSTEIN
259 UNION AVENUE
BROOKLYN 11, N. Y.

117

EVERGREEN 4-6125

11/16/73

Re: Gregory Santiago
266 50th St.
Bklyn, N.Y.
File ##599

To Whom This May Concern:

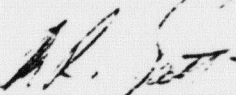
The above captioned patient, a 40 year old male, was examined at this office with the following complaints; burning sensation in the lumbar region with pain and restriction of motion, swelling of the hands and loss of balance.

The patient presented several reports from the Workmen's Compensation Board indicating a C-71 A type form, and a group of other forms compiling his entire file. The file indicates the following:

- 1-Tenderness at the thoraco-lumbar area with muscle spasm.
- 2-Restriction of straight leg raising on the left side.
- 3-3/4" atrophy of left calf.

These complaints and diagnosis stem from an injury sustained on 3/11/71. In view of the length of time from the original injury I have to assume that they are permanent in nature and that the patient has a marked disability and should be considered for Social Security benefits.

Respectfully yours,



Dr. R.B. Goldstein

RBG:pr

13, p 2

IRWIN J. NELSON, M. D., F.A.C.S., P.C.
1401 OCEAN AVENUE
BROOKLYN, N. Y. 11230
CLOVERDALE B-2588

JAN 17 11 155

118

May 13, 1974

Bureau of Disability Determinations
Two World Trade Center
New York, N.Y. 10047

Re: Gregory Roman-Santiago
266 50th Street
Brooklyn, N.Y.

Soc.Sec.No: 581-40-6255

) Gentlemen:

Per your request Gregory Roman-Santiago was seen by me in orthopedic consultation on May 2, 1974.

PRESENT HISTORY: The patient is a 41 year old dress cutter who last worked in March of 1971. The patient states he is unable to work because of low back pain. The patient initially had a back injury in 1965 and then the patient reinjured his back in March of 1971. At that time the patient was under the treatment of Dr. Post and states that the pain is in the low back radiating down the left lower extremity. The patient was told he had a sprain. He also complains of pain of both upper extremities. He states he is only able to sit for one hour, stand for one hour, walk for 4 blocks, state he cannot lift more than 35 pounds. However he does use public transportation.

EXAMINATION: Physical examination reveals an adult male who is able to ambulate on his heels and toes. There is no scoliosis, deformity, spasm or tenderness of the lumbosacral spine. There is forward flexion to 75 degrees with voluntary guarding. There is left and right lateral bend to 25 degrees. There is restriction and voluntary guarding of hyperextension. Straight leg raising is possible to 80 degrees bilaterally. The deep tendon reflexes, the knee jerks and ankle jerks are present and equal bilaterally. The left quads measure 18" and the right measure 18½". The left gastroc measures 13 ¾" and the right 14½". There is no weakness of the dorsiflexors or the extensor hallucis longus. The femoral pulses are palpable bilaterally. There is no sensory or circulatory impairment. There is a full range of

Exhibit No. 14 (2)

IRWIN J. NELSON, M. D., F.A.C.S., P.C.
1401 OCEAN AVENUE
BROOKLYN, N. Y. 11230
CLOVERDALE B-2538

119

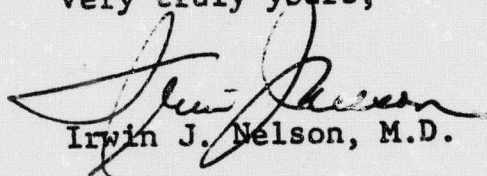
Re: Gregory Roman-Santiago -02- 5-13-74

motion of both hips and both knees. There is slight restriction of rotation of the cervical spine. There is a full range of motion of both shoulders, elbows and hands. The deep tendon reflexes, the biceps and triceps are present and equal bilaterally. There is no intrinsic wasting of the hand muscles. There is no sensory or circulatory impairment. The remainder of the examination is within normal limits.

X-RAYS: X-rays of the lumbosacral spine are negative for fracture or dislocation. Early osteoarthritis is noted. However the remaining disc spaces and pedicles are intact.

CONCLUSION: Despite the severity of the patient's complaints there are no objective findings at this time. There is voluntary guarding and restriction on the back examination. However, there is no neurological finding. It is my opinion that the patient can sit, stand, stoop and lift up to 35 pounds within normal limits for his age. Because of his history he should avoid lifting over 50 pounds or do excessive bending and squatting. There is no impairment of the upper extremities and the patient has both fine and gross manipulation of the hands.

Very truly yours,


Irwin J. Nelson, M.D.

IJN/fs

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PROFESSIONAL QUALIFICATIONS

1. Physician's Name Post, Paul
(Last) (First) (Middle)

120

2. Address 310 Lexington Avenue

New York, N. Y. 10016

3. Year of Birth (B): 1929

4. Medical Education (ME): State: New York

School: State Univ. of New York, College of Medicine,
Syracuse

Year of Degree: 1956

5. Year of License (L): 1957

6. American Specialty Boards (AB): American Board of Orthopaedic Surgery

7. Medical Specialties: Surgery, Orthopedic

8. Type of Practice (TOP): Direct Patient Care

9. National Scientific Medical Societies (SS):

10. Professorial Appointments (PA): State:

School:

Title & Current Status:

11. Other Information (e.g., Hospital Appointments):

12. Sources of Information:

American Medical Directory

Year: 1973 Edition: 26 Page: 2958

Other Sources:

Exhibit No. 15

PROFESSIONAL QUALIFICATIONS

1. Physician's Name

Goldstein,

Raymond

B.

(Last)

(First)

(Middle)

121

Address

259 Union Avenue

Brooklyn, New York 11211

3. Year of Birth (B):

NO INFORMATION AVAILABLE

4. Medical Education (ME): State:

School:

Year of Degree:

5. Year of License (L):

6. American Specialty Boards (AB):

7. Medical Specialties:

8. Type of Practice (TOP):

9. National Scientific Medical Societies (SS):

10. Professorial Appointments (PA):

State:

School:

Title & Current Status:

11. Other Information (e.g., Hospital Appointments):

12. Sources of Information:

American Medical Directory

Year:

Edition:

Page:

Other Sources:

PROFESSIONAL QUALIFICATIONS

122

1. Physician's Name Nelson, Irwin J.
(Last) (First) (Middle)

Address 1401 Ocean Ave.
Brooklyn, N. Y. 11230

3. Year of Birth (B): 1934

4. Medical Education (ME): State: Illinois
 School: Chicago Medical School University of Health Science
 Year of Degree: 1960

5. Year of License (L): 1961

6. American Specialty Boards (AB): American Board of Orthopaedic Surgery

7. Medical Specialties: Orthopaedic Surgery

8. Type of Practice (TOP): Direct Patient Care

9. National Scientific Medical Societies (SS):

10. Professorial Appointments (PA): State:

School:

Title & Current Status:

11. Other Information (e.g., Hospital Appointments):

12. Sources of Information:

American Medical Directory
 Year: 1973 Edition: 26 Page: 2810

Pt. III

Other Sources:

Exhibit No. 17

KINGS COUNTY HOSPITAL CENTER
BROOKLYN, N.Y. 11203

Patient: Santiago
581-20-6255

1/12/33 M X31236
SANTIAGO GREGORY 1123

New York Development Center

IN LEFT COLUMN, ENTER DATE, TIME & TIME OF NOTATION

PATIENT'S PROGRESS/CONTINUATION RECORD

NOV 18 1974

Observations and Opinions of Visiting, Consultants and House Staff.
A Final Discharge Note Must Be Entered on This Sheet. Sign and Date Every Entry.
250 Broadway, 15th Floor
New York, New York 10007

40 y.o. RR. man sent in from Screening
Clinic complaining of low back pain.
Sustained injury to back in 1971.
X-ray of L-5 shows "mild anterior
spurring of L3 & L4."
Chest X-ray - NL
EKG - NL
CBC, VDRL, & SMA-12 - nl

BP = 150/105 pulse = 76/min

P.E. Neck - Neg
{ Chest - Neg
Heart - Neg
Abdomen - Neg
Ext - Neg

DEC 9 1974

5th Ave - 175
175 W. 5th Street
Brooklyn, New York 11201

Imp: ① Hypertension
② Arthritis - Lumbar ife

Pla: ① Electrolytes
② Divul 500mg qd
Keflin 0.25mg qid
③ Tylenol tab q 4hr
④ RTC in 6 wks

CHEMISTRY SMA-12

REQUESTED BY

DATE TIME OF SPECIMEN

9 10 73

40

124

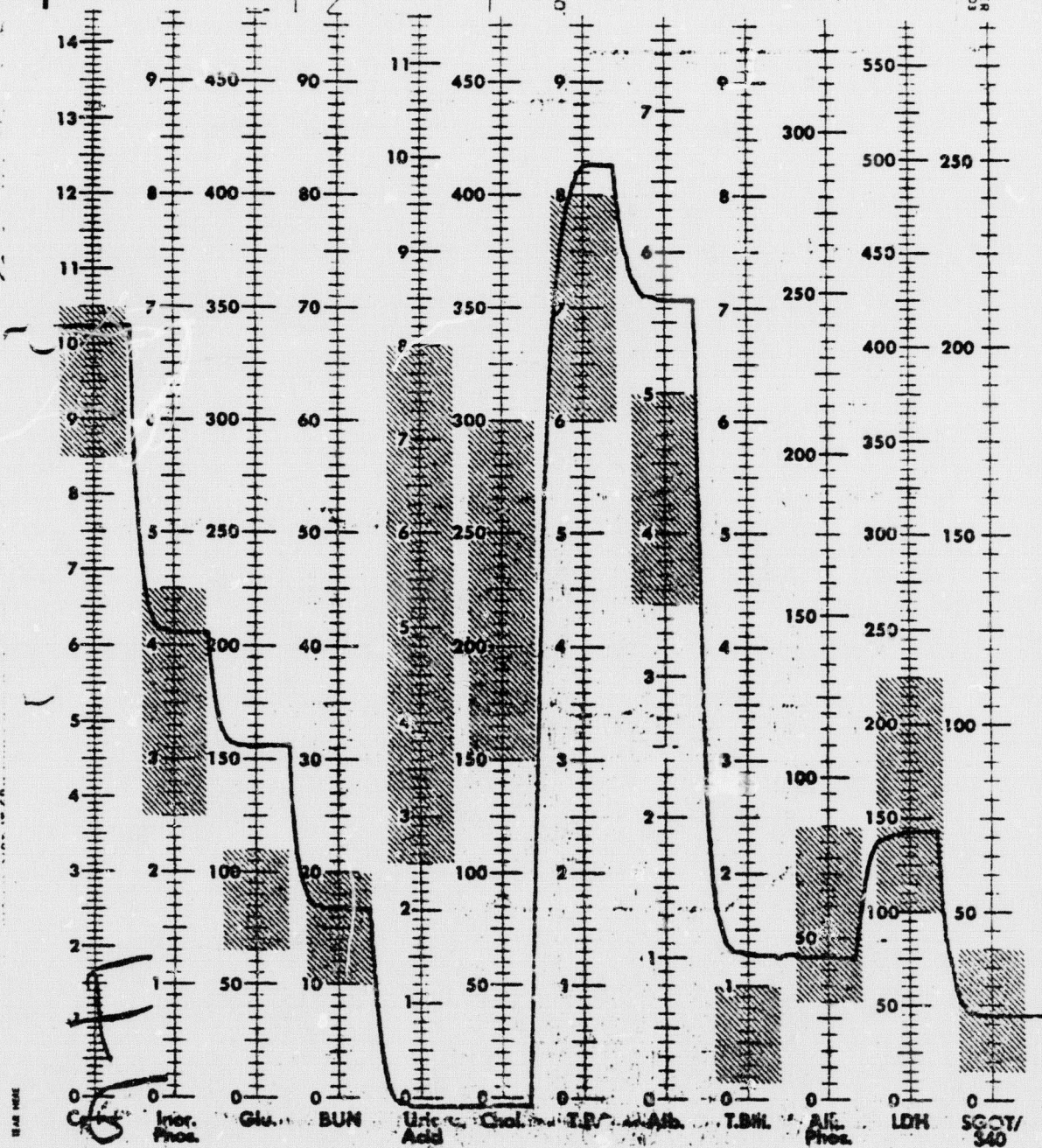
079123

CLINICAL DR.

COMMENTS

ANTHONY GREGORY

ST. JOSEPH COUNTY
HOSPITAL CENTER
N. 11203



Patient's Name

ANTHONY GREGORY

CHEMISTRY #1 SMA-12

079120

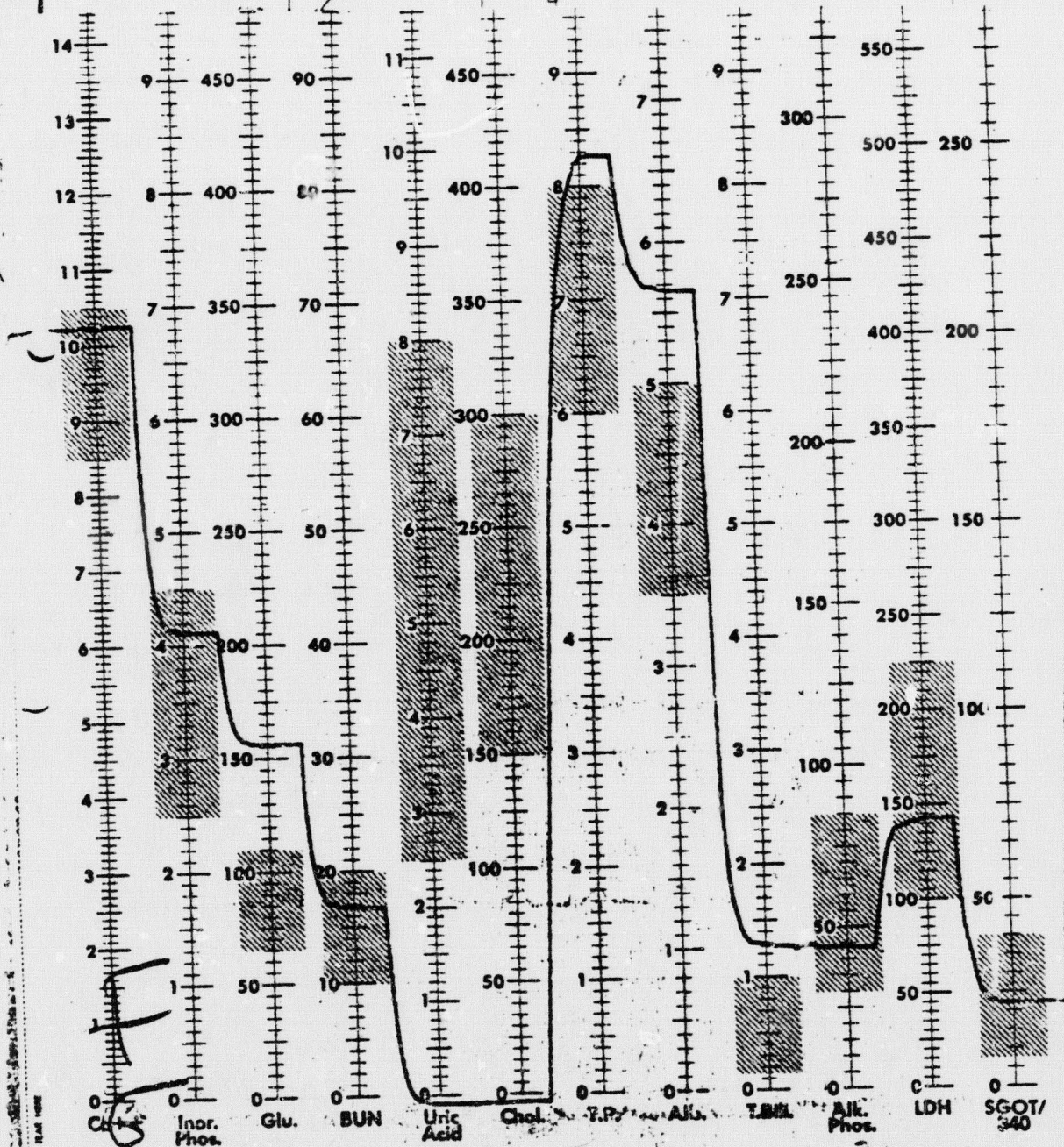
CLINICAL
COMMENTS

DATE TIME OF SPECIMEN
M.D.

9 10 71

125

ANTHONY G. GERRY



Patient's Name

SEP 10 1971

NEW YORK CITY
HEALTH AND HOSPITALS CORPORATION
KINGS COUNTY HOSPITAL CENTER

DIVISION OF ROENTGENOLOGY

126

REPORT OF RADIOGRAPHIC EXAMINATION

Name GREGORY SANTIAGO Ward OPD- GEN. SCRIN. RM 17 Date 9/18/73

HISTORY #X31236

Examination of THORACIC AND LIMBOSACRAL SPINE Film Nos. A11953
CHEST

Clinical Diagnosis _____

Findings: -

THORACIC AND LUMBOSACRAL SPINE: FRONTAL AND LATERAL.

Views demonstrate mild anterior spurring of L3 and 4
but no evidence of fracture or dislocation is noted.

CHEST: FRONTAL

View is underexposed demonstrating no gross pathology.

SH/vi

S. HONIG, M. D.

Conclusions: -

DEC 9
175
Brooklyn N.Y.



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
Room 1201, 175 Renssen Street
Brooklyn, New York 11201

127

BUREAU OF
HEARINGS AND APPEALS

REFER TO:

March 12, 1975

Mr. Arthur I. Bierman
23 Eastbourne Drive
Spring Valley, N.Y. 10977

581-40-6255

(Social Security Number)

Dear Mr. Bierman:

Gregory Roman-Santiago

has an application pending for disability
insurance benefits. A hearing on the claim is scheduled for Wednesday,
the 26th day of Mar. 1975 at 9:30 am o'clock in Room 1201 of
the Brooklyn Building, 175 Renssen St.
N.Y. (Number and Street)
(City) (State)

You are requested to give testimony as a vocational expert, primarily to cover the
period March 10, 1971 to date of hearing.

Your presence throughout the hearing is desired since your testimony will be based, in part, on the
testimony given by the claimant and any other witnesses, including a medical advisor if needed.

Enclosed are the exhibits (and a list of these exhibits) tentatively selected for inclusion in the
record of this case. Also enclosed is an acknowledgment card for you to complete and sign.
Please return the card and exhibits no later than as soon as possible.

Your charges for this service should be submitted in accordance with your contract with the
Department of Health, Education, and Welfare.

Enclosures:

Cys exhibits

List of Exhibits

Addressed return franked envelope

Form HA-504.1

Sincerely yours,

Robert W. Leiner
Robert W. Leiner
Administrative Law Judge

cc: Name Address of representative or claimant:

Gregory Roman-Santiago
266 50th St.
Brooklyn, N.Y. 11220

PLEASE SEE REVERSE SIDE FOR INFORMATION ON MATTERS UPON WHICH YOU WILL BE ASKED TO TESTIFY.

FORM HA-LB
10-73

Exhibit No. 19
CLAIM FILE

(Over)

In order for an individual to be found disabled under the Social Security Act, he must have a medical impairment which prevents him from engaging in any substantial gainful activity. In some cases, medical considerations alone may justify a finding that the claimant is or is not disabled. In other cases, however, it is necessary to determine whether the claimant's impairment in fact results in his being unable to engage in any substantial gainful activity. In these cases a vocational expert may be called upon to testify.

Two basic questions will be presented to you at this hearing. The first question pertains to the kind of work, if any, the claimant is equipped to do in light of his prior work activity and residual functional capacities considering his age, education, training and experience. Your testimony will be predicated on varying assumptions, posed by the administrative law judge, with respect to the claimant's residual functional capacity. You will not be expected to testify as to whether or not the claimant is under a disability since the administrative law judge has the responsibility for deciding this ultimate legal issue. You should not express any opinion regarding the claimant's impairments and their effect on his functional capacity, since these are medical matters.

The second question is whether such work exists in the "national economy," i.e., whether it exists in significant numbers either in the region where the claimant lives or in several other regions of the country. You should be prepared to testify from personal knowledge gained from such sources as local USES offices and vocational surveys of businesses and industries, whether such surveys were made by you or by other vocational experts.

You will be requested to furnish the rationale for your opinions. In this regard, you should be prepared to support your views with occupational resource material, including published studies containing occupational information helpful in determining the extent to which vocational skills can be transferred from one type of work to others. In forming your judgment as to whether or not the claimant is able to transfer his vocational skills to any other type of work, please consider only work which the claimant could have performed after a normal period of training usually given to new employees rather than after extended vocational rehabilitation.

Questions may also be asked of you by the claimant or his representative.

DEPARTMENT OF HEALTH, EDUCATION & WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF HEARINGS AND APPEALS
P.O. BOX 2518
WASHINGTON, D.C. 20013

RESUME OF EXPERIENCE AND BACKGROUND

Please print or type all entries. Attach
extra sheets as needed. Submit in duplicate

129

OCTOBER 9, 1970

Date

HOME PHONE: 914 616-7663
(Area Code)

Social Security NO. 095-24-2050

OFFICE PHONE: 201 082-5800

1. NAME BIERMAN ARTHUR 1 Date of Birth 2/9/31
Last First Middle

2. MAILING ADDRESS 23 EASTBOURNE DRIVE
SPRING VALLEY, NEW YORK 10977
(Zip)

3. PRESENT EMPLOYMENT
Present Employer OCCUPATIONAL CENTER Date of
Institution or Firm OF ESSEX COUNTY, INC. First Employment
in This Position 4/58
Your Position or Title EXECUTIVE DIRECTOR No. of Hours
Worked Per Wk. 30

Description of Your Duties CHIEF ADMINISTRATOR AND SUPERVISOR
WITH THE RESPONSIBILITY OF A PROFESSIONAL PERSON
OF VOCATIONAL COUNSELING, VOCATIONAL EDUCATION,
ADJUSTMENT TRAINING AND PLACEMENT OF THE HANDICAPPED

4. PREVIOUS EXPERIENCE -- Begin with your earliest employment in psychological area
and continue chronologically. Do not include minor positions. Use additional
sheets if necessary.

Position or Title	Employed From	To	Institution or Firm
(a) <u>DIRECTOR OF VOC. REHAB.</u>	<u>1956</u>	<u>1958</u>	<u>UNITED COLLEGE REHAB.</u>
Duties <u>TOTAL ADMINISTRATION</u>			<u>OF QUEENS.</u>
(b) <u>ASSISTANT PROFESSOR</u>	<u>1960</u>	<u>1961</u>	<u>SEVEN HILL UNIVERSITY</u>
Duties <u>TEACHING & COUNSELING</u>			<u>CANDIDATE SCHOOL OF ED.</u>
(c) _____	_____	_____	_____
Duties _____			_____

Script No.

20

(6pp)

Undergraduate

BROOKLYN COLLEGE

Institution

B.A.

Degree

1953Date of
DegreeEDUCATION

Major Subject

b) Graduate

Institution	Dates of Attendance	Degree	Major Field	Graduated
<u>NEW YORK UNIVERSITY</u>	<u>1953-1954</u>	<u>M.A.</u>	<u>McC. Edw.</u>	<u>Yes</u>
<u>NEW YORK UNIVERSITY</u>	<u>1955-1960</u>	<u>-</u>	<u>McC. Edw. Consistent</u>	<u>No</u>
	<u>(60 GRAD CREDITS IN FIELD)</u>			

PUBLICATIONS

List publications with journal references.

WILLIAM D. COOPERATIVE PATTERN FOR THE MA AS A GUIDE TO INDEPENDENT LIVING,
COLUMBIA UNIVERSITY OF AMERICA PRESS, 1966.

COOPERATIVE VOCATIONAL PATTERN FOR IN-SCHOOL MA YOUTH!
IN REPLY RD-489 U.S. D. OF NEW-YORK.

PROFESSIONAL RECOGNITION

Professional and honorary organizations, awards, special honors.
 State license or certificate, etc.

STATE OF N.Y. BOARD OF PSYCHOLOGICAL EXAMINERS - LICENSED
PRACTICING PSYCHOLOGIST 2/6/69 LIC #661

STATE OF N.Y. EDUCATION DEPT PERMANENT CERT IN GUIDANCE No. 635-24215

STATE OF N.Y. DEPT OF EDUCATION COUNSELOR CERTIFICATE 3/4/66

STATE OF N.Y. DEPT OF EDUCATION CHIEF CLERK IN MARITAL, FAMILY AND CHILD COUNSELING - LICENSE # 745

DEPT OF PROFESSIONAL & VOCATIONAL STANDARDS, STATEMENT
CONSULTATIVE ACTIVITIES (PAST OR PRESENT)

ATTACHED

William D. Cooper

23 Eastbourne Drive
Spring Valley, New York
(Residence)

OCCUPATIONAL CENTER OF ESSEX COUNTY
3391 Lakeside Avenue
Orange, New Jersey 07050
(Office)

131

EDUCATION

1953 B.A. in Education, Brooklyn College
1954 M.A. in Vocational Guidance, New York University
1955-1960, Graduate Study in Vocational Rehabilitation Counseling,
New York University

AWARDS

1955 Recipient of two traineeship grants in Vocational Rehabilitation,
United States Department of Health, Education and Welfare, Office
of Vocational Rehabilitation (\$1600, \$2400).

EXPERIENCE

Clinical Practice:

1. Institute for the Crippled and Disabled, New York City,
supervised by Dr. M. Udane.
2. New York State Division of Vocational Rehabilitation,
supervised by Dr. S. Warren

Practicum - Institute for Physical Medicine and Rehabilitation,
New York City, Dr. M. McCavitt

- 1954 Teacher, New York City Board of Education in Special Classes
1955 Guidance, Adjustment and Special School #612 for emotionally
disturbed children located in Kings County Hospital,
Psychiatric Building
1956 Director of Vocational Rehabilitation, United Cerebral Palsy
of Queens - responsible for the total administration of a
vocational program for the adult cerebral palsied; coordinating
medical, social and vocational programs
1958 Executive Director - Occupational Center of Essex County, Inc.,
a habilitation center and industrial workshop for the severely
handicapped
1960 Assistant Professor in Education - Seton Hall University,
South Orange, New Jersey
1967 (Present) Instructor - Rutgers - The State University,
Extension Division

2. "A Selected Bibliography on Sheltered Workshops",
Rehabilitation News, Occupational Center of Essex County,
Inc., January, 1959
3. Application grant for Improvement and Expansion of UCP of
Queens, Inc. Approved and funded 1958-59 N.Y.S. D.V.R.
4. Annual Report, 1958, 1959, 1962, 1964, 1965, 1966, Occupational
Center of Essex County, Inc.
5. Research and Demonstration Grant Department of Health,
Education and Welfare, 1964-1967 - "The Development of a
Cooperative Work-Study Program for In-School Mentally
Retarded Youth"
6. "Sheltered and Cooperative Program for the Mentally Retarded
as a Guide to Independent Living", The New and More Open
Outlook for the Mentally Retarded, The Catholic University
of America Press, 1966

132

PROFESSIONAL MEMBERSHIP

American Personnel and Guidance Association
National Vocational Guidance Association - Professional Member
American Rehabilitation Counseling Association - Professional Member
American Psychological Association (Division 17 and Division 22)
American Association on Mental Deficiency - Fellow
National Rehabilitation Association
National Rehabilitation Counseling Association - Professional Member
New Jersey Rehabilitation Association - Past President
New Jersey Psychological Association
National Association of Sheltered Workshops - President, New Jersey
Chapter
New Jersey Personnel and Guidance Association

CONSULTATION

White House Conference in Economic Opportunities for Youth of
Essex County - 1960
Department of HEW, Social Security Administration - Bureau of
Hearings and Appeals, Vocational Consultant, 1962 - present
Office of Economic Opportunity - Community Action Program
Technical Assistance Specialist - Training and Manpower - present

BEST COPY AVAILABLE

CERTIFICATION AND LICENSES

State of New Jersey Board of Psychological Examiners - Licensed
Practicing Psychologist (2/6/69).

State of New York Education Department Permanent Certificate in
Guidance No. 63624215

State of New Jersey Department of Education Counselor Certificate
from State Board of Examiners 3/14/66

State of California Certification in Marriage, Family and Child
Counseling, 1966-1967 License No. 845 Department of Professional
and Vocational Standards, Sacramento

TRAINING PROGRAMS

Guest lecturer Summer, 1966, Catholic University, Graduate School
of Education, Institute on Mental Retardation

Training Specialist - New Jersey Community Action Training
Institute, Trenton, New Jersey, 1965 - present

BEST COPY AVAILABLE

AFFIDAVIT OF SERVICE BY MAIL

STATE OF NEW YORK)
 : ss.:
COUNTY OF KINGS)

Gretchen L. Sprague, being duly sworn, deposes
and says:

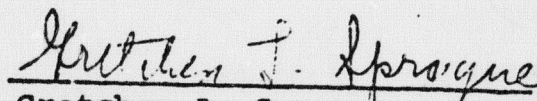
That deponent is not a party to the action, is over 18
years of age and resides at 1150 East 29th Street, Brooklyn,
New York.

That on the 14th day of December , 1976, deponent
served the within

Appendix

on
each addressee listed below, being the address designated by
said Attorney for that purpose, by depositing a true copy
of same enclosed in a postpaid properly addressed wrapper, in
an official depository under the exclusive care and custody
of the United States Post Office Department within New York
State, addressed to:

Michael Cavanagh, Esq.
Assistant U.S. Attorney
Eastern District of New York
225 Cadman Plaza East
Brooklyn, New York 11201


Gretchen L. Sprague

Sworn to before me this

14th day of December , 1976


NOTARY PUBLIC

BARBARA M. MINGO
Notary Public, State of New York